•	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	
License Fee Management Branch, ARM	: Program Code: 02110
and Regional Licensing Sections	: Status Code: 0 : Fee Category: 7B 3E 2B : Exp. Date: 20041231 : Fee Comments: CODE 23 : Decom Fin Assur Reqd: Y
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: HENRY FORD HOSPITAL Received Date: 20040916 Docket No: 3002043 Control No.: 313714 License No.: 21-04109-16 Action Type: Amendment	
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed D.A. Hersey Date 9=27=2014	
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone $03'$ is entered //)	
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may be processed for: Amendment Renewal License	
3. OTHER	
Signed Date	

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