

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02240  
: Status Code: 0  
: Fee Category: 7C 2B 3E  
: Exp. Date: 20101031  
: Fee Comments: CODE 23  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BRONSON METHODIST HOSPITAL  
Received Date: 20041222  
Docket No: 3002146  
Control No.: 314010  
License No.: 21-13125-01  
Action Type: Notifications

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey  
Date 1-10-2005

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 \_\_\_\_\_