

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20110331
Fee Comments: _____
Decom Fin Assur Reqd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BON SECOURS COTTAGE HEALTH SERVICES
Received Date: 20050113
Docket No: 3011010
Control No.: 314072
License No.: 21-16425-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hershey
Date 2-7-2005

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 _____