

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02120
 : Status Code: 2
 : Fee Category: 7C 2B
 : Exp. Date: 20050228
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 :
 :

BETWEEN:

License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GARDEN CITY OSTEOPATHIC HOSPITAL
 Received Date: 20050126
 Docket No: 3002036
 Control No.: 314130
 License No.: 21-04072-01
 Action Type: Renewal

2. FEE ATTACHED

Amount: _____
 Check No.: 0

3. COMMENTS

Signed D.A. Hershey
 Date 2-17-2004

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 _____