

(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: 2  
: Fee Category: 7C  
: Exp. Date: 20041231  
: Fee Comments: CODE 21  
: Decom Fin Assur Req: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: QHG OF INDIANA, INC.  
Received Date: 20041119  
Docket No: 3001594  
Control No.: 313928  
License No.: 13-01535-01  
Action Type: Renewal

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey  
Date 11-3-2004

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 \_\_\_\_\_