

(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: 20150531
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GARDEN CITY OSTEOPATHIC HOSPITAL
Received Date: 20050608
Docket No: 3002036
Control No.: 314528
License No.: 21-04072-01
Action Type: Amendment

2. FEE ATTACHED

Amount: Ø
Check No.: Ø

3. COMMENTS

Signed D.A. Hensley
Date 6-16-2005

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 _____