

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02240
Status Code: 0
Fee Category: 7A 7C 2B
Exp. Date: 20141130
Fee Comments: 7A ADDED 3/6/03, AMD 48
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: METHODIST HOSPITAL OF GARY, INC.
Received Date: 20050331
Docket No: 3011234
Control No.: 314353
License No.: 13-16558-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: ⊕

3. COMMENTS

Signed D.A. Hershey
Date 4-20-2005

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 _____