

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02121  
Status Code: 2  
Fee Category: 7C  
Exp. Date: 20050331  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: OTSEGO MEMORIAL HOSPITAL  
Received Date: 20050223  
Docket No.: 3018527  
Control No.: 314210  
License No.: 21-24363-01  
Action Type: Renewal

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey  
Date 3-15-2005

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 \_\_\_\_\_