

(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 _____