

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02240
Status Code: 2
Fee Category: 7C 2B
Exp. Date: 20050630
Fee Comments: CODE 14
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: NORTH OAKLAND MEDICAL CENTERS
Received Date: 20050523
Docket No: 3002060
Control No.: 314492
License No.: 21-06217-02
Action Type: Renewal

2. FEE ATTACHED
Amount: 0
Check No.: 0

3. COMMENTS

Signed J.A. Hersey
Date 6-2-2005

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 _____