

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02240
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20140531
: 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: INGHAM REGIONAL MEDICAL CENTER
Received Date: 20050722
Docket No: 3002037
Control No.: 314673
License No.: 21-04073-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 8-15-2005

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 _____