

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02240
Status Code: 0
Fee Category: 7C 2B 3E
Exp. Date: 20101031
Fee Comments: CODE 23
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BRONSON METHODIST HOSPITAL
Received Date: 20050725
Docket No: 3002146
Control No.: 314679
License No.: 21-13125-01
Action Type: Notifications

2. FEE ATTACHED

Amount: 0
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 8-16-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 09 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____