

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110831
: Fee Comments: _____
: 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: ROCHESTER MEDICAL CENTER, P.C.
Received Date: 20051028
Docket No: 3032081
Control No.: 314963
License No.: 21-26287-01
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hershey
Date 11-7-2005

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 _____