

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02230  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20110228  
Fee Comments:  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: GOSHEN GENERAL HOSPITAL  
Received Date: 20050912  
Docket No: 3014254  
Control No.: 314829  
License No.: 13-18845-01  
Action Type: Notifications

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey  
Date 9-16-2005

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

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_