BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C 3E 2B
Exp. Date: 20140131
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: COMMUNITY HOSPITALS OF INDIANA, INC
Received Date: 20060131
Docket No: 3001625
Control No.: 315210
License No.: 13-06009-01
Action Type: Amendment

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

3. COMMENTS

Signed D.A. Hersey
Date 2-19-2006

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 _____