

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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Program Code: 02240  
Status Code: 0  
Fee Category: 7A 7C 2B  
Exp. Date: 20141130  
Fee Comments: 7A ADDED 3/6/03, AMD 48  
Decom Fin Assur Reqd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: METHODIST HOSPITAL OF GARY, INC.  
Received Date: 20060302  
Docket No: 3011234  
Control No.: 315297  
License No.: 13-16558-01  
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey  
Date 3-24-2006

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 \_\_\_\_\_