

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20110331
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SOUTH HAVEN COMMUNITY HOSPITAL
Received Date: 20060417
Docket No: 3032015
Control No.: 315365
License No.: 21-26266-01
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey
Date 4-17-2006

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 _____