

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02120  
: Status Code: 2  
: Fee Category: 7C  
: Exp. Date: 20060430  
: Fee Comments: CODE 23  
: Decom Fin Assur Req: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GRATIOT MEDICAL CENTER  
Received Date: 20060310  
Docket No: 3013998  
Control No.: 315285  
License No.: 21-03429-04  
Action Type: Renewal

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed D.A. Hershey  
Date 3-14-2006

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 \_\_\_\_\_