

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

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: 20060605
Docket No: 3001625
Control No.: 315481
License No.: 13-06009-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 6-12-2006

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 _____