BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C 3E 2B
Exp. Date: 20110930
Fee Comments: 3E ADDED 6/18/96
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: OAKWOOD HOSPITAL AND MEDICAL CENTER
   Received Date: 20060714
   Docket No: 3002051
   Control No.: 315573
   License No.: 21-04515-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: 0
   Check No.: 0

3. COMMENTS

Signed K Bernardo
Date 7-17-06

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 _____