

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02110
: Status Code: 0
: Fee Category: 7B 2B
: Exp. Date: 20130930
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
: ::

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WILLIAM BEAUMONT HOSPITAL
Received Date: 20060821
Docket No: 3002006
Control No.: 315662
License No.: 21-01333-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed
Date 8-29-06

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 _____