

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN.

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3 _____
Fee Category: _____
Exp. Date: 0 _____
Fee Comments: _____
Decom Fin Assur Req'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HARBOR BEACH COMMUNITY HOSPITAL
Received Date: 20061006
Docket No: 3037351
Control No.: 315763
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2300.00
Check No.: 033981

3. COMMENTS

Signed D. A. Hersey
Date 10-11-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License /

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Nov 1 (Region III)

Mail Control: 315763

Company Name: Harbor Beach Community Hospital

License Number: NEW

Type of Fee: Application

Fee Category: 7C

Check number: 033981

Amount Received: \$2,300.00

Date Completed: 10/20/06

Completed by: Brenda Brown