

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02240
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20110331
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ELKHART GENERAL HOSPITAL
Received Date: 20061212
Docket No.: 3017305
Control No.: 315899
License No.: 13-18879-01
Action Type: Notifications

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed J. A. Fersen
Date 12-13-2006

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 _____