

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02120
 : Status Code: 0
 : Fee Category: 7C EX 2B
 : Exp. Date: 20150531
 : Fee Comments: _____
 : 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: GARDEN CITY OSTEOPATHIC HOSPITAL
 Received Date: 20070215
 Docket No.: 3002036
 Control No.: 316026
 License No.: 21-04072-01
 Action Type: Amendment

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

3. COMMENTS

Signed M. Buchby
 Date 2-20-07

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 _____