

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02310
Status Code: 0
Fee Category: 7A
Exp. Date: 20161231
Fee Comments: _____
Decom Fin Assur Req: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WILLIAM BEAUMONT HOSPITAL
Received Date: 20070221
Docket No: 3037359
Control No.: 316039
License No.: 21-01333-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed
Date 2-22-07

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 _____