

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20150131
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BLUFFTON HEALTH SYSTEM, LLC
Received Date: 20070320
Docket No: 3001596
Control No.: 316109
License No.: 13-01629-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: φ

3. COMMENTS

Signed M. Buchholz
Date 3-21-07

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 _____