

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20110430
Fee Comments: NON-REPORTING
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HURON VALLEY - SINAI HOSPITAL
Received Date: 20070220
Docket No: 3029063
Control No.: 316029
License No.: 21-24652-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: φ

3. COMMENTS

Signed M. Buchholz
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 _____