

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: 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: 20070515  
Docket No: 3037359  
Control No.: 316249  
License No.: 21-01333-02  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: ①

3. COMMENTS

Signed \_\_\_\_\_  
Date 5/18/07

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 \_\_\_\_\_