

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02110
: Status Code: 0
: Fee Category: 7B 3E EX 2B
: Exp. Date: 20140430
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: Y
: ::

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HENRY FORD HOSPITAL
Received Date: 20070927
Docket No.: 3002043
Control No.: 316565
License No.: 21-04109-16
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed Rosemary Jones
Date 10-1-07

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 _____