

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20140430  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DMC/SINAI-GRACE HOSPITAL  
Received Date: 20070822  
Docket No: 3001992  
Control No.: 316467  
License No.: 21-00299-04  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed Rosemary Jones  
Date 8/22/07

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 \_\_\_\_\_