

(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  
Exp. Date: 20141130  
Fee Comments: CODE 14  
Decom Fin Assur Req'd: N

.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ONTONAGON MEMORIAL HOSPITAL  
Received Date: 20071026  
Docket No: 3018437  
Control No.: 316636  
License No.: 21-20487-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:     0    

3. COMMENTS

Signed Rosemary Jones  
Date 10/29/07

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 \_\_\_\_\_