

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150531
: Fee Comments: CITY CODE 14
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

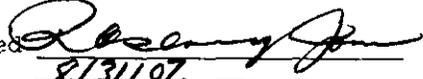
1. APPLICATION ATTACHED

Applicant/Licensee: HERRICK MEMORIAL HOSPITAL
Received Date: 20070830
Docket No: 3018540
Control No.: 316486
License No.: 21-24368-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: 6

3. COMMENTS

Signed 
Date 8/31/07

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 _____