		: (FOR LFMS USE)
BF"	TWEEN:	: INFORMATION FROM LTS
	S	Program Code: 02230 Status Code: 0 Fee Category: 7C EX 2B Exp. Date: 20110331 Fee Comments: CODE 23 Decom Fin Assur Reqd: N
LI	CENSE FEE TRANSMITTAL	
Α.	REGION	
1.	APPLICATION ATTACHED Applicant/Licensee: ELKHART GENERAL Received Date: 20070905 Docket No: 3017305 Control No.: 316496 License No.: 13-18879-01 Action Type: Amendment	HOSPITAL :
2.	FEE ATTACHED Amount: Check No.:	
	Signed Roser england	
В.	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	