

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

```
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140531  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N
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A. REGION

Applicant/Licensee: INGHAM REGIONAL MEDICAL CENTER
Received Date: 20070914
Docket No: 3002037
Control No.: 316529
License No.: 21-04073-01
Action Type: Amendment

Amount:
Check No.:

3. COMMENTS

Signed Redman Jones
Date 9/17/07

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 _____