

```

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02200
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140531
: Fee Comments:
: Decom Fin Assur Req'd: N
: .....

```

### A. REGION

Applicant/Licensee: HAMMOND CLINIC  
Received Date: 20070918  
Docket No: 3011477  
Control No.: 316541  
License No.: 13-16680-01  
Action Type: Amendment

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

Signed [Signature]  
Date 9/18/07

2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_