

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140630
: Fee Comments:
: Decom Fin Assur Req'd: N
: ::

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ELKHART CLINIC
Received Date: 20071018
Docket No: 3036581
Control No.: 316618
License No.: 13-32515-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.: 0

3. COMMENTS

Signed Rosemary Jones
Date 10/19/07

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 _____