

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02240  
: Status Code: 0  
: Fee Category: 7C 3E EX 2B  
: Exp. Date: 20140131  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY HOSPITALS OF INDIANA, INC  
Received Date: 20080213  
Docket No: 3001625  
Control No.: 316891  
License No.: 13-06009-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   0  

3. COMMENTS

Signed  
Date

*Rosemary Jan*  
2-13-08

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

\_\_\_\_\_  
\_\_\_\_\_