

(FOR LFMS USE)
INFORMATION FROM LTS

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

:
:
:
:
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20131130
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GREATER LAFAYETTE HEALTH SERV., INC.
Received Date: 20080109
Docket No: 3001642
Control No.: 316800
License No.: 13-09788-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed *Looney Jan*
Date 1-10-08

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 _____