

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20110131
: 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: OAKWOOD HOSPITAL - ANNAPOLIS CENTER
Received Date: 20080220
Docket No.: 3002099
Control No.: 316921
License No.: 21-11457-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 

3. COMMENTS

Signed 
Date 2-29-08

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 _____