

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

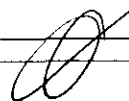
License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 3E EX 2B
: Exp. Date: 20110930
: Fee Comments: 3E ADDED 6/18/96
: Decom Fin Assur Req'd: N
:


LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: OAKWOOD HOSPITAL AND MEDICAL CENTER
Received Date: 20080220
Docket No: 3002051
Control No.: 316900
License No.: 21-04515-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 

3. COMMENTS

Signed 
Date 2-28-08

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 _____