

(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: 20101031
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N

.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BRONSON METHODIST HOSPITAL
Received Date: 20080403
Docket No: 3002146
Control No.: 317044
License No.: 21-13125-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed Roseng Jones
Date 4/4/08

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 _____