

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

:
:
:
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20140430
: Fee Comments: 3P A PART OF MED PROGRAM
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DMC/SINAI-GRACE HOSPITAL
Received Date: 20080804
Docket No: 3001992
Control No.: 317371
License No.: 21-00299-04
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed Rosemary Jones
Date 8/4/08

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 _____