

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20150831  
: Fee Comments: CODE 14  
: Decom Fin Assur Req: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NORTH OAKLAND MEDICAL CENTERS  
Received Date: 20080916  
Docket No: 3002060  
Control No.: 317491  
License No.: 21-06217-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed Rosemary Jones  
Date 9-19-08

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 \_\_\_\_\_