

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

:
:
:
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20141130
: Fee Comments: CODE 14
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ASPIRUS ONTONAGON HOSPITAL
Received Date: 20081128
Docket No: 3018437
Control No.: 317722
License No.: 21-20487-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed Rosemary Jan
Date 12-3-08

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 _____