

(FOR LFMS USE)
INFORMATION FROM LTS

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 Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NORTH OAKLAND MEDICAL CENTERS
Received Date: 20081216
Docket No: 3002060
Control No.: 317824
License No.: 21-06217-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosemary Jones
Date 1-7-09

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 _____