BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7A 7C EX 2B
Exp. Date: 20141130
Fee Comments: 7A ADDED 3/6/03, AMD 48
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: METHODIST HOSPITAL OF GARY, INC.
   Received Date: 20081010
   Docket No: 3011234
   Control No.: 317561
   License No.: 13-16558-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.:

3. COMMENTS

Signed Rosemary Jones
Date 10-10-08

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 _____