

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: 20080509
Docket No: 3011234
Control No.: 317133
License No.: 13-16558-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed *Rosemary Jones*
Date 5-9-08

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 _____