

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 2
: Fee Category: 7C
: Exp. Date: 20040831
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HAYES GREEN BEACH MEMORIAL HOSPITAL
Received Date: 20040630
Docket No: 3031129
Control No.: 313493
License No.: 21-26050-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hershey
Date 7-2-2004

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 _____