

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02200  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20101130  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: HEALTHCARE SPECIALISTS OF NORTH  
Received Date: 20041007  
Docket No: 3035552  
Control No.: 313792  
License No.: 13-32273-01  
Action Type: Notifications

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed \_\_\_\_\_  
Date 10-19-04

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 \_\_\_\_\_