

(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 2B
: Exp. Date: 20050531
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: RAY COUNTY MEMORIAL HOSPITAL
Received Date: 20041228
Docket No: 3014777
Control No.: 314039
License No.: 24-18279-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 1-18-2005

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 _____