

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20131031
Fee Comments: _____
Decom Fin Assur Reqd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: WASHINGTON COUNTY MEMORIAL HOSPITAL
Received Date: 20041115
Docket No: 3033168
Control No.: 313907
License No.: 13-26497-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 11-30-04

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 _____