

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 2
: Fee Category: 7C
: Exp. Date: 20050228
: Fee Comments: CODE 13
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PEMISCOT COUNTY HEALTH SYSTEMS
Received Date: 20040827
Docket No: 3012833
Control No.: 313676
License No.: 24-17486-01
Action Type: Renewal

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 9-7-04

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 _____