

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 2
: Fee Category: 7C
: Exp. Date: 20050228
: Fee Comments: CODE 13
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AUDRAIN MEDICAL CENTER
Received Date: 20050119
Docket No: 3008599
Control No.: 314096
License No.: 24-15122-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed D. A. Hersey
Date 2-9-2005

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 _____