

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02240
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20101231
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MUNSON MEDICAL CENTER
Received Date: 20041214
Docket No: 3002074
Control No.: 313991
License No.: 21-08317-01
Action Type: Notifications

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

3. COMMENTS

Signed D. A. Hersey
Date 12-30-2007

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 _____