

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20111031  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BON SECOURS COTTAGE HEALTH SERVICES  
Received Date: 20050113  
Docket No: 3011777  
Control No.: 314071  
License No.: 21-16868-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   ⊕  

3. COMMENTS

Signed   D. A. Hershey    
Date   2-1-2005  

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 \_\_\_\_\_