

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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: Program Code: 02240  
: Status Code: 0  
: Fee Category: 7C 2B  
: Exp. Date: 20050630  
: Fee Comments: CODE 23  
: Decom Fin Assur Req: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY HOSPITAL, THE  
Received Date: 20050119  
Docket No: 3009964  
Control No.: 314091  
License No.: 13-15882-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hershey  
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 \_\_\_\_\_