

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110131
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WINONA MEMORIAL HOSPITAL
Received Date: 20050415
Docket No: 3010966
Control No.: 314317
License No.: 13-16404-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 4-15-2005

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 _____