

(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: 20140430
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CHIPPEWA COUNTY WAR MEMORIAL HOSP.
Received Date: 20050315
Docket No: 3018244
Control No.: 314292
License No.: 21-20318-01
Action Type: Notifications

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed D. A. Hershey
Date 4-9-2005

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 _____