

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20110430
Fee Comments: _____
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: REID HOSPITAL & HEALTH CARE SERV.
Received Date: 20050225
Docket No: 3001614
Control No.: 314222
License No.: 13-03284-02
Action Type: Amendment

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

3. COMMENTS
Signed J. A. Hersey
Date 3-18-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 05 is entered /_/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____