

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 2
Fee Category: 7C
Exp. Date: 20050131
Fee Comments: CITY CODE 14
Decom Fin Assur Req'd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HERRICK MEMORIAL HOSPITAL
Received Date: 20041208
Docket No: 3018540
Control No.: 313974
License No.: 21-24368-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: ⊕

3. COMMENTS

Signed D. A. Hersey
Date 12-21-2004

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 _____