BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 2
Fee Category: 7C 2B
Exp. Date: 20050531
Fee Comments: CODE 13 2/21/90
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: BOONE HOSPITAL CENTER
   Received Date: 20050111
   Docket No: 3002304
   Control No.: 314067
   License No.: 24-01565-01
   Action Type: Renewal

2. FEE ATTACHED
   Amount: $1900.00
   Check No.: 151034

3. COMMENTS

Signed D.A. Hersey
Date 1-28-2005

FEE NOT REQUIRED

B. LICENSE FEE MANAGEMENT BRANCH (Check when mile[illegible] [illegible]en[illegible]

1. Fee Category and Amount: _____ FY 99 Fee Rule

See attached fee chart

2. Correct Fee Paid. Application may be processed for:
   Amendment _____
   Renewal _____
   License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page:	Feb 2 (Region III)
Mail Control:	314067
Company Name:	Boone Hospital Center 24
License Number:	24-01565-012
Check Number:	151054
Amount Received:	$1,900.00
Refunded:	$1,900.00 - Renewal (no fee required per FY 99 fee rule)
Fee Category:	7C
Type of fee:	Renewal
Date Received:	02/14/05
Date Completed:	02/14/05
Completed by:	Brenda Brown