

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02121  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20141231  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HAYES GREEN BEACH MEMORIAL HOSPITAL  
Received Date: 20050517  
Docket No: 3031129  
Control No.: 314474  
License No.: 21-26050-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   ⊕  

3. COMMENTS

Signed D.A. Harsey  
Date 5/2/05

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 \_\_\_\_\_