

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 2
Fee Category: 7C
Exp. Date: 20050228
Fee Comments: CODE 23
Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CAPITAL REGION MEDICAL CENTER
Received Date: 20041213
Docket No: 3002375
Control No.: 313989
License No.: 24-12699-01
Action Type: Renewal

2. FEE ATTACHED

Amount: 0
Check No.:

3. COMMENTS

Signed D. A. Hersey
Date 12-30-2004

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 _____