

(FOR LFMS USE)  
INFORMATION FROM LTS  
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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 \_\_\_\_\_