

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20140331
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: BALL MEMORIAL HOSPITAL
Received Date: 20050622
Docket No: 3001586
Control No.: 314583
License No.: 13-00951-03
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date 7/20/05

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 _____