

(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:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FAIRVIEW RIDGES HOSPITAL  
Received Date: 20050203  
Docket No: 3018458  
Control No.: 314142  
License No.: 22-24306-01  
Action Type: Renewal

2. FEE ATTACHED

Amount: 0  
Check No.:           

3. COMMENTS

Signed D.A. Hersey  
Date 2-24-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone #3 is entered / )

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_