

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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: Program Code: 02240  
: Status Code: 0  
: Fee Category: 7C 3E 2B  
: Exp. Date: 20150331  
: Fee Comments: CODE 23\_3E ADDED 2/7/94  
: Decom Fin Assur Req: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EDWARD W. SPARROW HOSPITAL  
Received Date: 20050509  
Docket No: 3002009  
Control No.: 314456  
License No.: 21-01430-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D.A. Hershey  
Date 3-18-2005

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 \_\_\_\_\_