

(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: 20050430
Fee Comments: CODE 13
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: DUKES HEALTH SYSTEM, LLC
Received Date: 20050223
Docket No: 3014065
Control No.: 314206
License No.: 13-18703-01
Action Type: Renewal

2. FEE ATTACHED
Amount: 0
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 3-13-2005

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 _____