

(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: 20141130
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: FOREST PARK HOSPITAL
Received Date: 20050719
Docket No: 3002282
Control No.: 314664
License No.: 24-00752-01
Action Type: Amendment

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

3. COMMENTS
Signed D. A. Hersey
Date 8-12-2005

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 _____