

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

```
: Program Code: 02240  
: Status Code: 2  
: Fee Category: 7C 2B  
: Exp. Date: 20050430  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: .....  
: .....
```

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: UNITY HOSPITAL
Received Date: 20050708
Docket No: 3002248
Control No.: 314628
License No.: 22-12614-01
Action Type: Amendment

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

- ### 3. COMMENTS

Signed
Date

D. A. Hershey
3-3-2005

- 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