

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02120  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20110131  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CRITTENTON HOSPITAL  
Received Date: 20050804  
Docket No: 3002157  
Control No.: 314720  
License No.: 21-13562-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed D.A. Hersey  
Date \_\_\_\_\_

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 \_\_\_\_\_