

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: \_\_\_\_\_  
Status Code: 3  
Fee Category: \_\_\_\_\_  
Exp. Date: 0  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req: -

LICENSE FEE TRANSMITTAL

A. REGION

*matu - 05*

1. APPLICATION ATTACHED

Applicant/Licensee: SAC-OSAGE HOSPITAL  
Received Date: 20050908  
Docket No: 3037030  
Control No.: 314820  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: *\$2100.00*  
Check No.: *29517*

3. COMMENTS

Signed *D.A. Horsey*  
Date *9-15-2005*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered )

1. Fee Category and Amount: \_\_\_\_\_

*See attached fee sheet*

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License       /      

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

R8

**FEE INFORMATION**

Log Page: Sept 2 (Region III)

Mail control: 314820

Company Name: Sac-Osage Hospital

Check Number: 29517

Amount Received: \$2,100.00

Type of fee: Application

Fee category: 7C

Type of fee: Application

Date Completed: 09/20/05

Completed by: Brenda Brown