

(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 Reqd: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CLARIAN NORTH MEDICAL CENTER
Received Date: 20051003
Docket No: 3037059
Control No.: 314894
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1200.00 \$900.00
Check No.: 241342 242735

3. COMMENTS

Signed D. A. Hersey
Date 10-17-2005

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 _____

FEE INFORMATION

Log Page: Oct 2 (Region III)
Mail Control: 314894
Company Name: Clarian North Medical Center
License Number: NEW
Type of Fee: Application
Fee Category: 7C
Check numbers: 241342 +/- 242735
Amounts received: \$1,200.00 +/- \$900.00
Date Completed: 11/3/05
Completed by: Benda Brown

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