

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02240  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20110531  
Fee Comments:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: TERRE HAUTE REGIONAL HOSPITAL  
Received Date: 20050809  
Docket No: 3009540  
Control No.: 314729  
License No.: 13-09649-02  
Action Type: Amendment

2. FEE ATTACHED  
Amount:             
Check No.:           

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 \_\_\_\_\_