

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02121  
Status Code: 2  
Fee Category: 7C  
Exp. Date: 20050630  
Fee Comments: CODE 23  
Decom Fin Assur Req: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DEXTER HOSPITAL, LLC.  
Received Date: 20050525  
Docket No: 3013963  
Control No.: 314499  
License No.: 24-18627-01  
Action Type: Renewal

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey  
Date 6-7-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 00 is entered /\_/)

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

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

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

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

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