

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20051031
Fee Comments: CODE 23
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: COMMUNITY HOSPITAL OF ANDERSON AND
Received Date: 20050909
Docket No: 3001643
Control No.: 314825
License No.: 13-10205-01
Action Type: Notifications

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 9-16-2005

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 _____