

(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: 20101130
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: KIRKSVILLE MISSOURI HOSPITAL, CO. LLC
Received Date: 20050831
Docket No: 3002332
Control No.: 314803
License No.: 24-05245-01
Action Type: Notifications

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 9-12-2005

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 _____