

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02310  
Status Code: 2  
Fee Category: 7A 2B  
Exp. Date: 20050630  
Fee Comments:  
Decom Fin Assur Req: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HARPER HOSPITAL DIVISION  
Received Date: 20050824  
Docket No: 3009376  
Control No.: 314759  
License No.: 21-04127-06  
Action Type: Amendment

2. FEE ATTACHED

Amount:                       
Check No.:                     

3. COMMENTS

Signed D.A. Hersey  
Date 8-26-2005

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 \_\_\_\_\_