

(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
Exp. Date: 20141231
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HEARTLAND REGIONAL MEDICAL CENTER
Received Date: 20051026
Docket No: 3014791
Control No.: 314957
License No.: 24-18287-01
Action Type: Amendment

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

3. COMMENTS

Signed D.A. Hensley
Date 11-7-2005

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 _____