

: (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 2B  
: Exp. Date: 20150731  
: Fee Comments: CODE 23  
: Decom Fin Assur Req: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: UNITY HOSPITAL  
Received Date: 20051026  
Docket No.: 3002248  
Control No.: 314956  
License No.: 22-12614-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed A. Halsey  
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 \_\_\_\_\_