

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20110131
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: OAKWOOD HOSPITAL - ANNAPOLIS CENTER
Received Date: 20051130
Docket No: 3002099
Control No.: 315044
License No.: 21-11457-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed D.A. Hersey
Date 12-7-2005

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 _____