

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 2
Fee Category: 7C
Exp. Date: 20051031
Fee Comments: CODE 23
Decom Fin Assur Req: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY HOSPITAL OF ANDERSON AND
Received Date: 20051003
Docket No: 3001643
Control No.: 314885
License No.: 13-10205-01
Action Type: Renewal

2. FEE ATTACHED

Amount: \$2100.00
Check No.: 316899

3. COMMENTS

Signed D. A. Hersey
Date 10-13-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal /
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Oct 1 (Region III)

Company name: Community Hospital of Anderson/Madison County, Inc.

License number: 13-10205-01

Mail Control: 314885

Action type: Renewal for which no fee is due. See below.

Check received: 316899

Amount received: \$2,100.00

Amount refunded: **\$2,100.00**

Date completed: 10/24/05

Completed by: Brenda Brown