

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02200  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20101130  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTHCARE SPECIALISTS OF NORTH  
Received Date: 20051117  
Docket No: 3035552  
Control No.: 315016  
License No.: 13-32273-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:                       
Check No.:                     

3. COMMENTS

Signed D. A. Hersey  
Date 11-29-2005

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 \_\_\_\_\_