

(FOR LFMS USE)
INFORMATION FROM L...

BETWEEN:
License Fee Management Branch, -ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 2
Fee Category: 7C
Exp. Date: 20060331
Fee Comments: CODE 13
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: LINCOLN COUNTY MEMORIAL HOSPITAL
Received Date: 20051228
Docket No: 3014048
Control No.: 315108
License No.: 24-18689-01
Action Type: Renewal

2. FEE ATTACHED
Amount: \$1900.00 ✓
Check No.: 086419

3. COMMENTS

Signed D.A. Hersey
Date 1-6-2006

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

1. Fee Category and Amount: No fee due - Rq 99 Fee Rule

2. Correct Fee Paid. Application may be processed for: \$1900 Refunded
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

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FEE INFORMATION

Log Page: Jan 2 (Region III)

Mail Control: 315108

Company Name: Lincoln County Memorial Hospital

Check Number: 086419

Amount Received: \$1,900.00

Type of fee: Renewal

Amount Refunded: \$1,900.00 - no fee due for renewal

Date Completed: 01/31/06

Completed by: Brenda Brown

REC'D FEB 09 2006