

: (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 : Program Code: 02240  
 : Status Code: 0  
 : Fee Category: 7C 3E 2B  
 : Exp. Date: 20150331  
 : Fee Comments: CODE 23\_3E ADDED 2/7/94  
 : Decom Fin Assur Reqd: N  
 : ::

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
 Applicant/Licensee: EDWARD W. SPARROW HOSPITAL  
 Received Date: 20060203  
 Docket No.: 3002009  
 Control No.: 315220  
 License No.: 21-01430-01  
 Action Type: Amendment

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

3. COMMENTS

Signed   D. A. Hershey    
 Date   2-22-2006  

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 09 is entered /\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:  
 Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_