BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 0
Fee Category: 7C 3E
Exp. Date: 20110331
Fee Comments: 7C EFF. 2/12/86 3E-881128
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: CHILDREN'S MERCY HOSPITAL
   Received Date: 20060221
   Docket No: 3009259
   Control No.: 315257
   License No.: 24-15513-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.:

3. COMMENTS

Signed D.A. Hersey
Date

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 _____