

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C 3E
Exp. Date: 20140430
Fee Comments: CODE 13
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FLOYD MEMORIAL HOSPITAL
Received Date: 20060421
Docket No: 3001659
Control No.: 315382
License No.: 13-12371-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D. A. Hersey
Date 5-1-2006

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 _____