

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02230  
Status Code: 2  
Fee Category: 7C  
Exp. Date: 20060228  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: DEPAUL HEALTH CENTER  
Received Date: 20051208  
Docket No: 3002308  
Control No.: 315103  
License No.: 24-02490-03  
Action Type: Renewal

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

3. COMMENTS

Signed A. A. Hershey  
Date 12-22-2005

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 \_\_\_\_\_