

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3 _____
Fee Category: _____
Exp. Date: 0 _____
Fee Comments: _____
Decom Fin Assur Req: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HANNIBAL CLINIC
Received Date: 20060420
Docket No: 3037200
Control No.: 315380
License No.: _____
Action Type: New Licensee

matu-06

2. FEE ATTACHED

Amount: \$2100.00
Check No.: 36346

3. COMMENTS

Signed *D. A. Hersey*
Date *4-27-2006*

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

1. Fee Category and Amount: _____

See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Apr 2 (Region III)
Mail Control: 315380
Company Name: Hannibal Clinic
License Number: NEW
Check Number: 036346
Amount Received: \$2,100.00
Fee Category: 7C
Type of fee: Application
Date Completed: 5/18/06
Completed by: Brenda Brown

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