

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

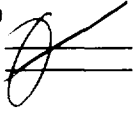
License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20100831
Fee Comments: CODE 23
Decom Fin Assur Req: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PENNOCK HOSPITAL
Received Date: 20060718
Docket No.: 3014015
Control No.: 315576
License No.: 21-18667-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 

3. COMMENTS
Signed 
Date 7-18-06

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 _____