

(FOR LFMS USE)  
INFORMATION FROM LTS  
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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  
.....

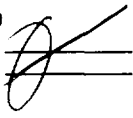
LICENSE FEE TRANSMITTAL

A. REGION

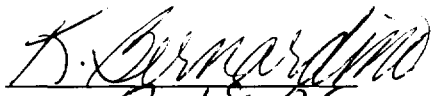
1. APPLICATION ATTACHED

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 \_\_\_\_\_