

(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: 20140131
Fee Comments: CODE 13
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HENDRICKS REGIONAL HEALTH
Received Date: 20060731
Docket No: 3012163
Control No.: 315607
License No.: 13-17082-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS

Signed K. S. Bernardie
Date 8-2-06

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 _____