

(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: 20130831  
Fee Comments: CODE 13  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: JOHNSON COUNTY MEMORIAL HOSPITAL  
Received Date: 20060809  
Docket No: 3008553  
Control No.: 315625  
License No.: 13-14817-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:                       
Check No.:                     

3. COMMENTS

Signed *H. L. Comarino*  
Date 8-10-06

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 \_\_\_\_\_