

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20101031  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: RIVERVIEW HOSPITAL  
Received Date: 20060620  
Docket No.: 3010729  
Control No.: 315514  
License No.: 13-16286-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D.A. Hershey  
Date 6-25-2006

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 \_\_\_\_\_