

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02240  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20150831  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: COMMUNITY HOSPITAL, THE  
Received Date: 20060718  
Docket No: 3009964  
Control No.: 315586  
License No.: 13-15882-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount:                       
Check No.:                     

3. COMMENTS

Signed K.S. Bernardino  
Date 7-26-06

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 \_\_\_\_\_