

(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: 20101130
Fee Comments: _____
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SOUTHEAST MISSOURI HOSPITAL
Received Date: 20060711
Docket No: 3002264
Control No.: 315563
License No.: 24-00128-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed
Date 7-12-06

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 _____