BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20150430
Fee Comments: CODE 13 2/21/90
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: BOONE HOSPITAL CENTER
   Received Date: 20061026
   Docket No: 3002304
   Control No.: 315804
   License No.: 24-01565-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.:

3. COMMENTS

Signed D. A. Hersey
Date 11-8-2006

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 _____