

(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: 20110531  
Fee Comments: CODE 23  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KING'S DAUGHTERS' HOSPITAL AND  
Received Date: 20061031  
Docket No: 3014051  
Control No.: 315810  
License No.: 13-18692-01  
Action Type: Notifications

2. FEE ATTACHED

Amount:                       
Check No.:                     

3. COMMENTS

Signed J.A. Hershey  
Date 11-8-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 06 is entered /\_\_\_/)

- 1. Fee Category and Amount: \_\_\_\_\_
- 2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_
- 3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_