

(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 2B  
Exp. Date: 20110430  
Fee Comments:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: REID HOSPITAL & HEALTH CARE SERV.  
Received Date: 20060926  
Docket No: 3001614  
Control No.: 315738  
License No.: 13-03284-02  
Action Type: Amendment

2. FEE ATTACHED

Amount:                       
Check No.:                     

3. COMMENTS

Signed B. Y. Bernardino  
Date 9-27-06

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 \_\_\_\_\_