BETWEEN:

License Fee Management Branch, ARM and Regional Licensing Sections

and

(INFORMATION FROM LTS)

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20111031
Fee Comments: 
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: PUTNAM COUNTY HOSPITAL
   Received Date: 20070104
   Docket No.: 3032363
   Control No.: 315939
   License No.: 13-26028-02
   Action Type: Amendment

2. FEE ATTACHED
   Amount: 
   Check No.: 

3. COMMENTS

   Signed 
   Date 

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 