

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02121  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140430  
: Fee Comments:  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CHIPPEWA COUNTY WAR MEMORIAL HOSP.  
Received Date: 20070319  
Docket No: 3018244  
Control No.: 316104  
License No.: 21-20318-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:           

3. COMMENTS

Signed M. Bucholz  
Date 3-19-07

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 \_\_\_\_\_