

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: 20070130
Docket No: 3002304
Control No.: 315988
License No.: 24-01565-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ⓟ

3. COMMENTS

Signed D. A. Hersey
Date 2-5-2007

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 _____