

(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 EX 2B
: Exp. Date: 20140131
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BELL MEMORIAL HOSPITAL
Received Date: 20070122
Docket No: 3013856
Control No.: 315969
License No.: 21-02037-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hervey
Date 1-24-2007

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 _____