

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20091031  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DES PERES HOSPITAL  
Received Date: 20070406  
Docket No: 3035144  
Control No.: 316156  
License No.: 24-32195-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed M. Buckels  
Date 4-9-07

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 \_\_\_\_\_