

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20110430
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: REID HOSPITAL & HEALTH CARE SERV.
Received Date: 20070208
Docket No: 3001614
Control No.: 316003
License No.: 13-03284-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed M. Bucholz
Date 2/12/07

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 _____