

: (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 Req'd: 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: 20070509  
Docket No: 3001614  
Control No.: 316231  
License No.: 13-03284-02  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.:           

3. COMMENTS

Signed \_\_\_\_\_  
Date 5/9/07

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 \_\_\_\_\_