

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20151130
: Fee Comments: _____
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SAC-OSAGE HOSPITAL
Received Date: 20070518
Docket No: 3037030
Control No.: 316256
License No.: 24-32595-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 6

3. COMMENTS

Signed M. Buchholz
Date 5-21-07

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 _____