

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02120
 : Status Code: 0
 : Fee Category: 7C
 : Exp. Date: 20110228
 : Fee Comments: PLUT IS PCMKR AND EX7C
 : 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: W. A. FOOTE MEMORIAL HOSPITAL
 Received Date: 20070606
 Docket No: 3001990
 Control No.: 316287
 License No.: 21-00258-06
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: 0

3. COMMENTS

Signed [Signature]
 Date 6/7/07

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 _____