BETWEEN:	(FOR LFMS USE) : INFORMATION FROM LTS
License Fee Management Branch, ARM and Regional Licensing Sections	Program Code: 02230 Status Code: 0 Fee Category: 7C 3E EX 2B Exp. Date: 20150331 Fee Comments: CODE 23_3E ADDED 2/7/94 Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: EDWARD W. SPARR Received Date: 20070417 Docket No: 3002009 Control No.: 316175 License No.: 21-01430-01 Action Type: Amendment	NOW HOSPITAL
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed Date	\$1 Cles
B. LICENSE FEE MANAGEMENT BRANCH (Check	when milestone 03 is entered //)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may b Amendment Renewal License	pe processed for:
3. OTHER	
Signed _ Date _	