

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

:  
:  
:  
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20140331  
: Fee Comments: CODE 23  
: Decom Fin Assur Req: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BALL MEMORIAL HOSPITAL  
Received Date: 20070416  
Docket No: 3001586  
Control No.: 316170  
License No.: 13-00951-03  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:     

3. COMMENTS

Signed M. Buchholz  
Date 4-17-07

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 \_\_\_\_\_