	: (FOR LFMS USE)
BETWEEN:	: INFORMATION FROM LTS
License Fee Management Branch, ARM and	: : Program Code: 02120 : Status Code: 0
Regional Licensing Sections	: Fee Category: 7C EX 2B : Exp. Date: 20110930 : Fee Comments: CODE 23 : Decom Fin Assur Reqd: N :::::::::::::::::::::::::::::::::::
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: MERCY MEMORIA Received Date: 20070511 Docket No: 3014210 Control No.: 316237 License No.: 21-18816-01 Action Type: Amendment	L HOSPITAL
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed M. Buchh Date 5=11=07	
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered //)	
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may Amendment Renewal License	be processed for:
3. OTHER	
Signed Date	