BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20151031
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: RAY COUNTY MEMORIAL HOSPITAL
   Received Date: 20070813
   Docket No: 3014777
   Control No.: 316448
   License No.: 24-18279-01
   Action Type: Amendment

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

3. COMMENTS

Signed Pf Rosemary Jones
Date 8/14/07

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 _____