BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20101130
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SOUTHEAST MISSOURI HOSPITAL
Received Date: 20070717
Docket No: 3002264
Control No.: 316373
License No.: 24-00128-03
Action Type: Amendment

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

3. COMMENTS

Signed R J Rosemary Jones
Date 7/17/07

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 _____