

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C 3P
: Exp. Date: 20140531
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

- 1. APPLICATION ATTACHED
 Applicant/Licensee: MARION GENERAL HOSPITAL
 Received Date: 20070809
 Docket No: 3013726
 Control No.: 316439
 License No.: 13-17956-01
 Action Type: Amendment

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

3. COMMENTS

Signed Rosemary Jones
Date 8/9/07

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 _____