

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02120
 : Status Code: 0
 : Fee Category: 7C EX 2B
 : Exp. Date: 20140930
 : Fee Comments: CODE 13
 : Decom Fin Assur Reqd: N
 : ::

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: JACKSON COUNTY SCHNECK MEM. HOSP.
 Received Date: 20071031
 Docket No: 3001622
 Control No.: 316646
 License No.: 13-05605-01
 Action Type: Amendment

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

3. COMMENTS

Signed *Rosenberg*
 Date 10/30/07

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 _____