

(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 EX 2B  
: Exp. Date: 20110531  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: TERRE HAUTE REGIONAL HOSPITAL  
Received Date: 20071030  
Docket No.: 3009540  
Control No.: 316642  
License No.: 13-09649-02  
Action Type: Amendment

2. FEE ATTACHED

Amount:  
Check No.: Ø

3. COMMENTS

Signed Rosenau Jan  
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 \_\_\_\_\_