

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: 20100831
: Fee Comments: CODE 13
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: DICKINSON COUNTY MEMORIAL HOSPITAL
Received Date: 20071030
Docket No: 3017318
Control No.: 316649
License No.: 21-18889-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed Rosemary Jan
Date 11/14/07

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 _____