

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

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C 3E
: Exp. Date: 20110331
: Fee Comments: 7C EFF. 2/12/86 3E-881128
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CHILDREN'S MERCY HOSPITAL
Received Date: 20071218
Docket No: 3009259
Control No.: 316746
License No.: 24-15513-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed *Rena J. Jan*
Date 12/18/07

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 _____