BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20121031
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: PARKVIEW HEALTH
   Received Date: 20071107
   Docket No: 3001593
   Control No.: 316664
   License No.: 13-01284-02
   Action Type: Amendment

2. FEE ATTACHED
   Amount: ____
   Check No.: ____

3. COMMENTS

Signed [signature]
Date 11/7/07

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 _____