

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
: Exp. Date: 20140630
: Fee Comments:
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PHYSICIANS REGIONAL HOSPITAL, LLC
Received Date: 20071227
Docket No: 3036594
Control No.: 316778
License No.: 13-32519-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed *Rosmaria Pen*
Date 12/28/07

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 _____