

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: 20150331
: Fee Comments: CODE 13
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

- 1. APPLICATION ATTACHED
Applicant/Licensee: GOOD SAMARITAN HOSPITAL
Received Date: 20080212
Docket No: 3001600
Control No.: 316888
License No.: 13-01787-01
Action Type: Amendment

- 2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosemary Jones
Date 2-12-08

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 _____