

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: 20140531
: Fee Comments: CODE 13
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HOWARD REGIONAL HEALTH SYSTEM
Received Date: 20080222
Docket No: 3013342
Control No.: 316910
License No.: 13-13028-02
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed Resensmy Jon
Date 2/26/08

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 _____