

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20141031
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MEMORIAL HOSPITAL
Received Date: 20080325
Docket No: 3017335
Control No.: 317021
License No.: 13-18881-01
Action Type: Amendment

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

3. COMMENTS

Signed M. Buchholz
Date 3-28-08

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 _____