

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20131031
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: WHITE COUNTY MEMORIAL HOSPITAL
Received Date: 20080318
Docket No: 3018288
Control No.: 317003
License No.: 13-20352-01
Action Type: Amendment

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

3. COMMENTS

Signed M. Bucholz
Date 3-21-08

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 _____