

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140331
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: JASPER COUNTY HOSPITAL
Received Date: 20080408
Docket No: 3033299
Control No.: 317060
License No.: 13-26527-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed *Rosemary Jones*
Date 4-10-08

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 _____