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: 20150630
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CAPITAL REGION MEDICAL CENTER
Received Date: 20080512
Docket No: 3002375
Control No.: 317138
License No.: 24-12699-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.: 0

3. COMMENTS

Signed Rosemary Jones
Date 5-13-08

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 _____