

(FOR LFMS USE)
 INFORMATION FROM LTS

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

Program Code: 02230
 Status Code: 0
 Fee Category: 7C EX 2B
 Exp. Date: 20101031
 Fee Comments: _____
 Decom Fin Assur Req'd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HACKLEY HOSPITAL
 Received Date: 20080512
 Docket No: 3002044
 Control No.: 317140
 License No.: 21-04125-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: 10

3. COMMENTS

Signed Rosenau Jim
 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 _____