

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: 20110731
: Fee Comments:
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FAYETTE MEMORIAL HOSPITAL
Received Date: 20080603
Docket No: 3011441
Control No.: 317208
License No.: 13-16518-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.: Ø

3. COMMENTS

Signed *Rebecca Jan*
Date 4/3/08

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 _____