BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20110831
Fee Comments: CODE 13
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: NORTH KANSAS CITY HOSPITAL
Received Date: 20080528
Docket No: 3013966
Control No.: 317196
License No.: 24-18628-01
Action Type: Amendment

2. FEE ATTACHED
Amount: Ø
Check No.:

3. COMMENTS

Signed Rosemary Jones
Date 5-29-08

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 _____