

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

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

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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: \_\_\_\_\_
  - Check No.:   0

3. COMMENTS

Signed Rosemary Jan  
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 \_\_\_\_\_