

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150131
: Fee Comments:
: Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PERRY COUNTY MEMORIAL HOSPITAL
Received Date: 20080812
Docket No: 3018404
Control No.: 317393
License No.: 24-17037-02
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.: 0

3. COMMENTS

Signed *Resemanus*
Date 8/12/08

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 _____