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: 20101130
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: SOUTHEAST MISSOURI HOSPITAL
   Received Date: 20080617
   Docket No: 3002264
   Control No.: 317253
   License No.: 24-00128-03
   Action Type: Amendment

2. FEE ATTACHED
   Amount: _____
   Check No.: _____

3. COMMENTS

Signed _____
Date ~~6/18~~ 6/18/08

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 _____