

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: 20101231
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DUPONT HOSPITAL
 Received Date: 20080908
 Docket No: 3035608
 Control No.: 317458
 License No.: 13-32291-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: Ø

3. COMMENTS

Signed Rosemanfon
 Date 9-8-08

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 _____