

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130831
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LESTER E. COX MEDICAL CENTER
Received Date: 20080826
Docket No: 3009784
Control No.: 317430
License No.: 24-01143-06
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed *Josephine*
Date 8/28/08

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 _____