BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20110430
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: REID HOSPITAL & HEALTH CARE SERV.
   Received Date: 20081014
   Docket No: 3001614
   Control No.: 317569
   License No.: 13-03284-02
   Action Type: Amendment

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

3. COMMENTS

Signed Rosemary Jones
Date Oct 16, 2008

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 _____