

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 3M  
: Exp. Date: 20131031  
: Fee Comments: CODE 21  
: Decom Fin Assur Req'd: N

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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PROVIDENCE HOSPITAL  
Received Date: 20081023  
Docket No: 3002022  
Control No.: 317607  
License No.: 21-02802-03  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed  
Date

*Rosenman*  
10-28-08

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

\_\_\_\_\_  
\_\_\_\_\_