

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
: Program Code: 02220  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20160131  
: Fee Comments: CODE 16  
: Decom Fin Assur Reqd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SALEM MEMORIAL DISTRICT HOSPITAL  
Received Date: 20081112  
Docket No: 3017320  
Control No.: 317667  
License No.: 24-18891-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:         

3. COMMENTS

Signed Rosemary Jones  
Date 11-14-08

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 \_\_\_\_\_