

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

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: Program Code: 02240
: Status Code: 2
: Fee Category: 7C 2B
: Exp. Date: 20050430
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: .....

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A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: UNITY HOSPITAL
Received Date: 20050708
Docket No: 3002248
Control No.: 314628
License No.: 22-12614-01
Action Type: Amendment

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

- ### 3. COMMENTS

Signed J. A. Hensley
Date 3-3-2005

- 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 _____