

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 2
Fee Category: 7C 2B
Exp. Date: 20050430
Fee Comments: CODE 23
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: UNION HOSPITAL
Received Date: 20050328
Docket No: 3011072
Control No.: 314316
License No.: 13-16457-01
Action Type: Renewal

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 125877

3. COMMENTS

Signed
Date

D. A. Hersey
4-14-2005

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

FEE INFORMATION

Log Page: Apr 2 (Region III)

Mail Control: 314316

Company Name: Union Hospital

License Number: 13-16457-01

Check Number: 125878

Amount Received: \$1,900.00 (Renewal - no fee required per FY 99 fee rule).
\$1900.00 refunded to licensee.

Type of fee: Renewal

Date Received: 04/20/05

Date Completed: 04/20/05

Completed by: Brenda Brown

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