

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20110831
Fee Comments: CODE 21
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MERCY HEALTH SERVICES
Received Date: 20051006
Docket No: 3011125
Control No.: 314870
License No.: 21-16489-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS

Signed D. A. Harshey
Date 10-1-2005

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 _____