

BETWEEN:

```
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140630  
: Fee Comments: _____  
: Decom Fin Assur Req'd: N
```

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICATION ATTACHED: MEMORIAL HEALTHCARE CENTER
 Applicant/Licensee: 20050819
 Received Date: 3002100
 Docket No.: 314761
 Control No.: 21-11475-01
 License No.: Amendment
 Action Type:

2. FEE ATTACHED

Amount: 0
Check No.: 0

3. COMMENTS

Signed
Date

J.A. Hersey
8-26-2005

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