

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3 _____
Fee Category: _____
Exp. Date: 0 _____
Fee Comments: _____
Decom Fin Assur Req'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAC-OSAGE HOSPITAL
Received Date: 20050908
Docket No: 3037030
Control No.: 314820
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2100.00
Check No.: 29517

3. COMMENTS

Signed
Date

D.A. Horsey
9-15-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered (1))

1. Fee Category and Amount:

See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License /

3. OTHER

Signed
Date

FEE INFORMATION

R8

Log Page: Sept 2 (Region III)

Mail control: 314820

Company Name: Sac-Osage Hospital

Check Number: 29517

Amount Received: \$2,100.00

Type of fee: Application

Fee category: 7C

Type of fee: Application

Date Completed: 09/20/05

Completed by: Brenda Brown