

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 2
Fee Category: 7C
Exp. Date: 20050630
Fee Comments: CODE 23
Decom Fin Assur Req'd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: DEXTER HOSPITAL, LLC.
Received Date: 20050525
Docket No: 3013963
Control No.: 314499
License No.: 24-18627-01
Action Type: Renewal

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

3. COMMENTS

Signed D.A. Hersey
Date 6-7-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 00 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____