

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

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

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARROLL COUNTY MEMORIAL HOSPITAL ✓
Received Date: 20060112
Docket No: 3037123
Control No.: 315138
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2100.00 ✓
Check No.: 69256

3. COMMENTS

Signed D. A. Hersey
Date 1-24-2006

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

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 _____

R4

FEE INFORMATION

Log Page: Feb 1 (Region III)

Mail Control: 315138

Company Name: Carroll County Memorial Hospital

License Number: NEW

Type of Fee: Application

Fee Category: 7C

Check number: 69256

Amount Received: \$2,100.00

Date Completed: 2/6/06

Completed by: Brenda Brown

REC'D FEB 09 2006