

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20100831  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: SCHEURER HOSPITAL  
Received Date: 20051215  
Docket No: 3035444  
Control No.: 315083  
License No.: 21-32250-01  
Action Type: Amendment
2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: 0
3. COMMENTS

Signed A. A. Hersey  
Date 12-22-2005

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 \_\_\_\_\_