

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

```
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20110731  
: Fee Comments:  
: Decom Fin Assur Req'd: N
```

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: FAYETTE MEMORIAL HOSPITAL
Received Date: 20051206
Docket No: 3011441
Control No.: 315065
License No.: 13-16518-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 0

- ### 3. COMMENTS

Signed
Date

D. A. Hersey
12-19-2025

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