

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02120  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20101130  
Fee Comments: CODE 14  
Decom Fin Assur Req'd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: WEST BRANCH REGIONAL MEDICAL CENTER  
Received Date: 20060130  
Docket No: 3017321  
Control No.: 315208  
License No.: 21-18892-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount:                       
Check No.:

3. COMMENTS

Signed D. A. Hershey  
Date 2-19-2006

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 \_\_\_\_\_