

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02240  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20141031  
Fee Comments:  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MEMORIAL HOSPITAL  
Received Date: 20051220  
Docket No: 3017335  
Control No.: 315085  
License No.: 13-18881-01  
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hershey  
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 \_\_\_\_\_