

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  
Exp. Date: 20150630  
Fee Comments: CODE 23  
Decom Fin Assur Req'd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: CAPITAL REGION MEDICAL CENTER  
Received Date: 20060214  
Docket No: 3002375  
Control No.: 315244  
License No.: 24-12699-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:                       
Check No.:                     

3. COMMENTS

Signed D.A. Hersey  
Date 2-28-2006

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 \_\_\_\_\_