

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20140930  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EMMA L. BIXBY MEDICAL CENTER  
Received Date: 20060701  
Docket No: 3002027  
Control No.: 315536  
License No.: 21-03194-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 6

3. COMMENTS

Signed  
Date

D. A. Hersey  
7-2-2006

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

\_\_\_\_\_  
\_\_\_\_\_