

```

.....
      (FOR LFMS USE)
      INFORMATION FROM LTS
      -----
Program Code: 02240
Status Code: 0
Fee Category: 7C 3E 2B
Exp. Date: 20150331
Fee Comments: CODE 23_3E ADDED 2/7/94
Decom Fin Assur Reqd: N
.....

```

License Fee Management Branch, ARM
and
Regional Licensing Sections

A. REGION

Applicant: EDWARD W. SPARROW HOSPITAL
 Received Date: 20060518
 Docket No.: 3002009
 Control No.: 315454
 License No.: 21-01430-01
 Action Type: Amendment

Amount:
Check No.:

Signed D. F. Herley
Date 5-30-2006

1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

Signed _____
Date _____