

(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 2B  
Exp. Date: 20110331  
Fee Comments:  
Decom Fin Assur Reqd: N

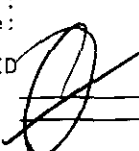

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HANNIBAL REGIONAL HOSPITAL  
Received Date: 20060727  
Docket No: 3017616  
Control No.: 315592  
License No.: 24-18988-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:   
Check No.: 

3. COMMENTS

Signed  
Date

  
7-27-06

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

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