

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20150531
Fee Comments: CITY CODE 14
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HERRICK MEMORIAL HOSPITAL
Received Date: 20060701
Docket No: 3018540
Control No.: 315537
License No.: 21-24368-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 0
Check No.: 0

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

