

(FOR LFMS USE)
INFORMATION FROM LTS

License Fee Management Branch, ARM
and
Regional Licensing Sections

```
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C 2B  
: Exp. Date: 20121031  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
:  
:
```

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PARKVIEW HEALTH
Received Date: 20060728
Docket No: 3001593
Control No.: 315603
License No.: 13-01284-02
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

Signed
Date

K. L. Bernardo
8-2-86

1. Fee Category and Amount: _____

2. Correct Fee Paid. Applica
Amendment _____
Renewal _____
License _____

Signed
Date
