

(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: 20130831
Fee Comments: CODE 13
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED


Applicant/Licensee: JOHNSON COUNTY MEMORIAL HOSPITAL
Received Date: 20060809
Docket No: 3008553
Control No.: 315625
License No.: 13-14817-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 
Check No.:

3. COMMENTS

Signed
Date


8-10-06

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

