

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110430
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
: ::

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: OZARKS MEDICAL CENTER
Received Date: 20080506
Docket No: 3014280
Control No.: 317120
License No.: 24-18733-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS

Signed *Rosenquist*
Date 5-9-08

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 _____