

: (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: 20140930  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EMMA L. BIXBY MEDICAL CENTER  
Received Date: 20080507  
Docket No: 3002027  
Control No.: 317123  
License No.: 21-03194-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed *Rosemary J...*  
Date 5/8/09

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 \_\_\_\_\_