

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 2  
Fee Category: 7C  
Exp. Date: 20040731  
Fee Comments: CODE 21  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: SAINT JOSEPH REGIONAL MEDICAL  
Received Date: 20040702  
Docket No: 3013705  
Control No.: 313499  
License No.: 13-17943-01  
Action Type: Renewal

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey  
Date 7-9-2004

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 \_\_\_\_\_