

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02120
 : Status Code: 0
 : Fee Category: 7C 2B
 : Exp. Date: 20050430
 : Fee Comments: CODE 23
 : Decom Fin Assur Req: N
 :

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: ST. JOHN MACOMB HOSPITAL
 Received Date: 20041108
 Docket No.: 3002005
 Control No.: 313887
 License No.: 21-01190-05
 Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey
 Date 11-26-2004

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 _____