

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02240  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20120731  
Fee Comments: CODE 21  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. VINCENT HOSPITAL &  
Received Date: 20041202  
Docket No: 3001579  
Control No.: 313964  
License No.: 13-00133-02  
Action Type: Notifications

2. FEE ATTACHED

Amount:  
Check No.: 

3. COMMENTS

Signed   
Date 12-16-04

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 \_\_\_\_\_