

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

:  
:  
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:  
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C 2B  
: Exp. Date: 20050831  
: Fee Comments: CODE 21  
: Decom Fin Assur Req: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT JOSEPH MERCY HEALTH SYSTEM  
Received Date: 20050110  
Docket No: 3001997  
Control No.: 314063  
License No.: 21-00943-03  
Action Type: Notifications

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:     

3. COMMENTS

Signed D. A. Hersey  
Date 1-26-2005

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 \_\_\_\_\_