

(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: 20041130
Fee Comments: NON-REPORTING
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTHEAST - ST. JOSEPH'S HOSPITAL
Received Date: 20041102
Docket No: 3002200
Control No.: 313855
License No.: 22-01448-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed
Date 11-14-04

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 _____