

(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: 20101130
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SISTERS ST. FRANCIS HLTH. SERV. INC
Received Date: 20050415
Docket No: 3010047
Control No.: 314400
License No.: 13-15933-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 3-5-2005

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 _____