

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

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02120
: Status Code: 2
: Fee Category: 7C
: Exp. Date: 20050731
: Fee Comments: CODE 21
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. FRANCIS REGIONAL MEDICAL CENTER
Received Date: 20050706
Docket No: 3009307
Control No.: 314610
License No.: 22-15538-01
Action Type: Renewal

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

3. COMMENTS
Signed D.A. Hersey
Date 8-1-2005

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 _____