

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02240
: Status Code: 2
: Fee Category: 7C
: Exp. Date: 20050430
: Fee Comments: _____
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT MARGARET MERCY HLTHCARE CNTRS
Received Date: 20050315
Docket No: 3001602
Control No.: 314290
License No.: 13-02047-02
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 4-9-2005

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 _____