BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20141130
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. JOSEPH'S MERCY HOSPITAL
Received Date: 20050823
Docket No: 3002106
Control No.: 314773
License No.: 21-11850-01
Action Type: Notifications

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

3. COMMENTS

Signed D. A. Hersey
Date 8-24-2005

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 _____