

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02110
 : Status Code: 0
 : Fee Category: 7B 3E
 : Exp. Date: 20120731
 : Fee Comments: 3E EFF 081396 & 7B 122398
 : Decom Fin Assur Reqd: N
 : ::

BETWEEN:

License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: ST. LUKE'S HOSPITAL OF KANSAS CITY
 Received Date: 20060111
 Docket No: 3002286
 Control No.: 315131
 License No.: 24-00889-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: 0

3. COMMENTS

Signed D.A. Hersey
 Date 1-20-2006

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 _____