

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C 3E  
: Exp. Date: 20110531  
: Fee Comments: CODE 21  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOHN'S HOSPITAL-SPRINGFIELD  
Received Date: 20060118  
Docket No.: 3002285  
Control No.: 315147  
License No.: 24-00866-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:           

3. COMMENTS

Signed J.A. Hansey  
Date 1-25-06

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 \_\_\_\_\_