

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3 _____
Fee Category: _____
Exp. Date: 0 _____
Fee Comments: _____
Decom Fin Assur Req'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. JOHN'S CLINIC-ROLLA
Received Date: 20060321
Docket No: 3037188
Control No.: 315334
License No.:
Action Type: New Licensee

matu-06

2. FEE ATTACHED
Amount: \$2100.00
Check No.: 337265

3. COMMENTS

Signed *D. A. Hersey*
Date *4-11-2006*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: *See attached fee sheet*

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Apr 2 (Region III)

Mail control: 315334

Licensee Name: St. John's Health System

License Number: New

Check Number: 537265

Amount: \$2,100.00

Fee Category: 7C

Type of fee: Application

Date Received: 05/17/06

Completed by: Brenda Brown