

(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 2B
Exp. Date: 20101231
Fee Comments: FM EX TO 7C EFF 5/10/85
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SAINT JOSEPH REGIONAL MEDICAL CNTR.
Received Date: 20060502
Docket No: 3017303
Control No.: 315403
License No.: 13-18880-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS
Signed D.A. Hersey
Date 5-9-2006

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 _____