

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02240
Status Code: 0
Fee Category: 7C 3E
Exp. Date: 20120630
Fee Comments: 3E ADDED 3/20/00
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. FRANCIS HOSPITAL & HEALTH CNTR.
Received Date: 20060504
Docket No: 3009398
Control No.: 315414
License No.: 13-02128-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 5-18-2006

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 _____