

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02230  
Status Code: 0  
Fee Category: 7C 3E 2B  
Exp. Date: 20150228  
Fee Comments: 3E EFF 06/28/00  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. MARY'S MEDICAL CENTER  
Received Date: 20060725  
Docket No: 3020812  
Control No.: 315598  
License No.: 13-03226-04  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed                       
Date                     

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 \_\_\_\_\_