

(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
: Exp. Date: 20101130
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:.....

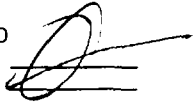
LICENSE FEE TRANSMITTAL

A. REGION

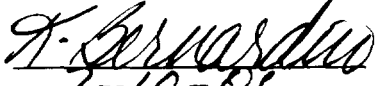
1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOSEPH MERCY - OAKLAND
Received Date: 20060707
Docket No: 3002104
Control No.: 315557
License No.: 21-11651-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 

3. COMMENTS

Signed 
Date 7-10-06

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 _____