

BETWEEN:

Program Code: 02230  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20150930  
Fee Comments: CODE 23  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

### A. REGION

1. APPLICATION ATTACHED

Application Number: ST. JOHN MACOMB HOSPITAL  
 Applicant/Licensee: 20060629  
 Received Date: 3002005  
 Docket No.: 315535  
 Control No.: 21-01190-05  
 License No.: Amendment  
 Action Type:

2. FEE ATTACHED

Amount: 0  
Check No.: 0

### 3. COMMENTS

Signed  
Date

D. A. Hersey  
7-2-2006

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