

(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 2B
Exp. Date: 20150930
Fee Comments: CODE 23
Decom Fin Assur Reqd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

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

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey
Date 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 _____