

: (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 EX 2B  
: Exp. Date: 20111031  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. MARY'S HEALTH CENTER  
Received Date: 20061031  
Docket No.: 3002351  
Control No.: 315815  
License No.: 24-08960-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   0  

3. COMMENTS

Signed D.A. Hersey  
Date 11-8-2006

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 \_\_\_\_\_