

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130530
: Fee Comments: _____
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOHN DETROIT RIVERVIEW HOSPITAL
Received Date: 20070223
Docket No: 3036259
Control No.: 316048
License No.: 213244901
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: φ

3. COMMENTS

Signed M. Bucholz
Date 2-23-07

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 _____