

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PROGRESS WEST HEALTHCARE CENTER
Received Date: 20070125
Docket No.: 3037397
Control No.: 315977
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2300.00
Check No.: 2380664

3. COMMENTS

Signed D. A. Hersey
Date 7-30-2007

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License /

3. OTHER _____

Signed _____
Date _____

MATU-07

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FEE INFORMATION

Log page: Feb 1 (Region III)
Mail control: 315977
Company name: Progress West Healthcare Center
License number: NEW
Type of fee: Application
Fee category: 7C
Check Number: 2380664
Remitter: BJC Health System Healthcare
Amount submitted: \$2,300.00
Date completed: 02/05/07
Completed by: Brenda Brown