

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02240
 : Status Code: 0
 : Fee Category: 7C EX 2B
 : Exp. Date: 20110331
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

BETWEEN:

License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: ST. ANTHONY'S MEDICAL CENTER
 Received Date: 20070111
 Docket No.: 3010108
 Control No.: 315951
 License No.: 24-01041-04
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: Ø

3. COMMENTS
 Signed D. A. Hersey
 Date 1-16-2007

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 _____