

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02240
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20120731
: Fee Comments: CODE 21
: 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. VINCENT HOSP. & HLTH. CARE CNTR
Received Date: 20070613
Docket No: 3001579
Control No.: 316312
License No.: 13-00133-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: φ

3. COMMENTS

Signed M. Bucholz
Date 6-15-07

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 _____