

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02240
: Status Code: 0
: Fee Category: 7C 3E
: Exp. Date: 20120630
: Fee Comments: 3E ADDED 3/20/00
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. FRANCIS HOSPITAL & HEALTH CNTR.
Received Date: 20070520
Docket No: 3009398
Control No.: 316262
License No.: 13-02128-03
Action Type: Amendment

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

3. COMMENTS _____
Signed *H. J. Bernardini*
Date 5-23-07

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 _____