

BETWEEN:

```

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20110930
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N

```

### A. REGION

Applicant/Licensee: MERCY MEMORIAL HOSPITAL  
Received Date: 20070511  
Docket No: 3014210  
Control No.: 316237  
License No.: 21-18816-01  
Action Type: Amendment

Amount:                       
Check No.:                     

Signed M. Buchholz  
Date 5-11-07

1. Fee Category and Amount: \_\_\_\_\_

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_