

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 EX 2B  
Exp. Date: 20140731  
Fee Comments: CODE 23  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOSEPH HEALTH CENTER  
Received Date: 20070514  
Docket No: 3008664  
Control No.: 316247  
License No.: 24-15159-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: 2,300.00  
Check No.: 7300132363

3. COMMENTS

Signed M. Buchholz  
Date 5-17-07

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 \_\_\_\_\_

Fee not necessary. Brenda Brown  
said to return to her. Sent to Brenda 5/17/07  
for ~~for~~ VOIDING and return to St. Joseph.