

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

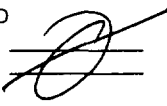
BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections


: 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: 20070522
Docket No: 3008664
Control No.: 316270
License No.: 24-15159-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.: 

3. COMMENTS
Signed 
Date 5-24-07

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 _____