

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20110331  
: Fee Comments:  
: Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BARNES-JEWISH ST. PETER'S HOSPITAL  
Received Date: 20070806  
Docket No: 3017414  
Control No.: 316433  
License No.: 24-18968-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:  
Check No.: 0

3. COMMENTS

Signed *L. Rosemary*  
Date 8/7/07

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 \_\_\_\_\_