

(FOR LFMS USE)
INFORMATION FROM LTS

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

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20151231
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N

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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT JOSEPH MERCY HEALTH SYSTEM
Received Date: 20070615
Docket No: 3001997
Control No.: 316316
License No.: 21-00943-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed M. Buchholz
Date 6-18-07

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 _____