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BETWEEN :		: (FOR LFMS USE) : INFORMATION FROM LTS
License Fe	e Management Branch,	: ARM : Program Code: 02120
and		: Status Code: 0
Regional I	icensing Sections	: Fee Category: 7C : Exp. Date: 20091130 : Fee Comments: CODE 23 : Decom Fin Assur Reqd: N
LICENSE FE	E TRANSMITTAL	
A. REGION		
1. APPLICATION ATTACHED Applicant/Licensee: ST. JOHN OAKLAND HOSPITAL Received Date: 20070702 Docket No: 3002101 Control No.: 316348 License No.: 21-11494-01 Action Type: Amendment		
2. FEE AT Amount Check	:	
3. COMMENTS Signed M. Duchuly Date 7-3-07		
B. LICENSE	FEE MANAGEMENT BRANC	H (Check when milestone 03 is entered //)
1. Fee Ca	egory and Amount:	
2. Correc Amendm Renewa Licens	ent	ion may be processed for:
3. OTHER		
		Signed