

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02240
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C 3E 3P
 : Exp. Date: 20120531
 : Fee Comments: 3E ADDED 9/8/04
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOHN HOSPITAL & MEDICAL CENTER
 Received Date: 20070712
 Docket No: 3002028
 Control No.: 316367
 License No.: 21-03210-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: Ø

3. COMMENTS

Signed *Lj Rosemary Jones*
 Date 7/12/2007

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 _____