

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130630
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOHN DETROIT RIVERVIEW HOSPITAL
Received Date: 20070713
Docket No: 3036259
Control No.: 316364
License No.: 21-32449-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed Rj Rosemary J
Date 7/13/07

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 _____