

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 3E 3P 7C EX 2B
: Exp. Date: 20151231
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT JOSEPH MERCY HEALTH SYSTEM
Received Date: 20071217
Docket No: 3001997
Control No.: 316745
License No.: 21-00943-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: D

3. COMMENTS

Signed Rosemary Jon
Date 12/18/07

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 _____