

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20150930
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. MARY MEDICAL CENTER - HOBART
Received Date: 20071119
Docket No: 3031379
Control No.: 316694
License No.: 13-03459-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed *R. [Signature]*
Date 11/20/07

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 _____