

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120930
: Fee Comments: CODE 33
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. CATHERINE REGIONAL HOSPITAL
Received Date: 20071204
Docket No: 3029670
Control No.: 316717
License No.: 13-23665-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.: 0

3. COMMENTS

Signed Rosenman
Date 12/6/07

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 _____