

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20141231
: Fee Comments: CODE 21
: Decom Fin Assur Reqd: N
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT JOSEPH REGIONAL MEDICAL
Received Date: 20071227
Docket No: 3013705
Control No.: 316780
License No.: 13-17943-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed *Rosemarie Don*
Date 12/28/07

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 _____