

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02110
: Status Code: 0
: Fee Category: 7B 3E
: Exp. Date: 20120731
: Fee Comments: 3E EFF 081396 & 7B 122398
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. LUKE'S HOSPITAL OF KANSAS CITY
Received Date: 20080116
Docket No: 3002286
Control No.: 316810
License No.: 24-00889-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: D

3. COMMENTS

Signed Rosemary Jose
Date 1-16-08

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 _____