

(FOR LFMS USE)  
INFORMATION FROM LIS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02240  
Status Code: 0  
Fee Category: 7C 3P EX 2B  
Exp. Date: 20120731  
Fee Comments: CODE 21  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. VINCENT HOSP. & HLTH. CARE CNTR  
Received Date: 20080118  
Docket No: 3001579  
Control No.: 316825  
License No.: 13-00133-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed Raeen Jan  
Date 1-18-08

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 \_\_\_\_\_