

	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	-----
	:	
License Fee Management Branch, ARM	:	Program Code: 02121
and	:	Status Code: 0
Regional Licensing Sections	:	Fee Category: 7C
	:	Exp. Date: 20110531
	:	Fee Comments: _____
	:	Decom Fin Assur Req'd: N
	:	

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BARNES-JEWISH WEST COUNTY HOSPITAL
 Received Date: 20080321
 Docket No: 3031901
 Control No.: 317011
 License No.: 24-26243-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: 0

3. COMMENTS

Signed M. Buchholz
 Date 3-25-08

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 _____