

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:
:
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C 3E 3P EX 2B
: Exp. Date: 20110531
: Fee Comments: CODE 21
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOHN'S HOSPITAL-SPRINGFIELD
Received Date: 20080226
Docket No: 3002285
Control No.: 316916
License No.: 24-00866-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed Rosenaufer
Date 2/26/08

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 _____