

BETWEEN:

```
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20110930  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N
```

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MERCY MEMORIAL HOSPITAL
Received Date: 20080331
Docket No: 3014210
Control No.: 317028
License No.: 21-18816-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed
Date

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 _____