

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02240
: Status Code: 0
: Fee Category: 7C 3E 3P
: Exp. Date: 20120531
: Fee Comments: 3E ADDED 9/8/04
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. JOHN HOSPITAL & MEDICAL CENTER
Received Date: 20080318
Docket No: 3002028
Control No.: 317015
License No.: 21-03210-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed M. Bucholz
Date 3-26-08

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 _____