

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20110331
: Fee Comments:
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. ANTHONY'S MEDICAL CENTER
Received Date: 20080603
Docket No: 3010108
Control No.: 317212
License No.: 24-01041-04
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.: Ø

3. COMMENTS

Signed [Signature]
Date 6/4/08

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 _____