

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

:  
:  
:  
:  
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 3M 7C EX 2B  
: Exp. Date: 20140630  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT JOSEPH REGIONAL MEDICAL CNTR.  
Received Date: 20080519  
Docket No: 3013685  
Control No.: 317164  
License No.: 13-02650-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:     D    

3. COMMENTS

Signed     Rosemary Jones      
Date     5/20/08    

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 \_\_\_\_\_