

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 _____