BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20140331
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MISSOURI BAPTIST MEDICAL CENTER
Received Date: 20080610
Docket No: 3008325
Control No.: 317227
License No.: 24-11128-02
Action Type: Amendment

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

3. COMMENTS

Signed Rosemary Jones
Date 6-10-08

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 _____