BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C 3E EX 2B
Exp. Date: 20110531
Fee Comments: CALIBRATE THEIR OWN
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: ST. JOHN'S HOSPITAL-SPRINGFIELD
   Received Date: 20080822
   Docket No: 3002285
   Control No.: 317436
   License No.: 24-00866-02
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.:

3. COMMENTS

Signed
Date 8/28/08

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 _____