BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 3E 3M 7C EX 2B
Exp. Date: 20120531
Fee Comments: NOT BROAD/GJ & RIII
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: ST. JOHN'S MERCY MEDICAL CENTER
   Received Date: 20080827
   Docket No: 3002283
   Control No.: 317434
   License No.: 24-00794-03
   Action Type: Amendment

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

3. COMMENTS

Signed Rosemary Jon
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 _____