

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 EX 2B
: Exp. Date: 20101231
: Fee Comments: FM EX TO 7C EFF 5/10/85
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT JOSEPH REGIONAL MEDICAL CNTR.
Received Date: 20081014
Docket No: 3017303
Control No.: 317589
License No.: 13-18880-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosemary Jan
Date 10-21-08

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 _____