


License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

```
: Program Code: 02120  
: Status Code: 2  
: Fee Category: 7C 2B  
: Exp. Date: 20050430  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N
```

A. REGION

Applicant/Licensee: ST. JOHN MACOMB HOSPITAL
 Received Date: 20050314
 Docket No: 3002005
 Control No.: 314270
 License No.: 21-01190-05
 Action Type: Renewal

Amount: 

Signed
Date

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed
Date