

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

```
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C 2B  
: Exp. Date: 20150731  
: Fee Comments:  
: Decom Fin Assur Req'd: N
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A. REGION

APPLICATION ATTACHED
 Applicant/Licensee: ST. CATHERINE HOSPITAL, INC.
 Received Date: 20050726
 Docket No: 3001590
 Control No.: 314684
 License No.: 13-01148-01
 Action Type: Amendment

Amount:
Check No.:

Signed D. A. Hershey
Date 8-16-2005

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

Signed _____
Date _____