

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02310  
Status Code: 2  
Fee Category: 7A  
Exp. Date: 20050731  
Fee Comments:  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. MARY'S HOSPITAL  
Received Date: 20050429  
Docket No: 3031068  
Control No.: 314414  
License No.: 22-26031-01  
Action Type: Renewal

2. FEE ATTACHED

Amount: 0  
Check No.: 0

3. COMMENTS

Signed  
Date

D. A. Hersey  
5-7-2005

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

\_\_\_\_\_  
\_\_\_\_\_