

INFORMATION FROM LTS

License Fee Management Branch, ARM
and
Regional Licensing Sections

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: Program Code: 02110
: Status Code: 0
: Fee Category: 7B 3E
: Exp. Date: 20120731
: Fee Comments: 3E EFF 081396 & 7B 122398
: Decom Fin Assur Req'd: N

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A. REGION

Applicant/Licensee: ST. LUKE'S HOSPITAL OF KANSAS CITY
Received Date: 20050628
Docket No: 3002286
Control No.: 314592
License No.: 24-00889-01
Action Type: Decommissioning

Amount: _____
Check No.: _____

Signed
Date

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER

Signed
Date