

BETWEEN:

```

: Program Code: 02240
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20120731
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N
: .....

```

A. REGION

Applicant/Licensee: ST. VINCENT HOSPITAL &
Received Date: 20050801
Docket No: 3001579
Control No.: 314711
License No.: 13-00133-02
Action Type: Amendment

Amount:
Check No.:

Signed J. A. Hershey
Date 8-19-2005

1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

Signed _____
Date _____