

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20150430
Fee Comments: NON-REPORTING
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HEALTHEAST - ST. JOSEPH'S HOSPITAL
Received Date: 20050722
Docket No: 3002200
Control No.: 314676
License No.: 22-01448-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 8-15-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 08 is entered /_/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____