

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3 _____
Fee Category: _____
Exp. Date: 0 _____
Fee Comments: _____
Decom Fin Assur Req: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: STE. GENEVIEVE COUNTY MEMORIAL HOSP
Received Date: 20050802
Docket No: 3037003
Control No.: 314715
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1900.00
Check No.: 11814

3. COMMENTS

Signed D. A. Hersey
Date 8-19-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /___/)

1. Fee Category and Amount: See attached sheet

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

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Sept 2 (Region III)

Mail control: 314715

Company Name: Ste. Genevieve County Memorial Hospital

License Number: New

Check Numbers: 011814 + / 013102

Amount Received: \$1,900.00 + / \$200.00

Fee Category: 7C

Type of fee: Application

Date Completed: 10/13/05

Completed by: Brenda Brown