

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN: -

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02230
Status Code: 2
Fee Category: 7C
Exp. Date: 20050531
Fee Comments: CODE 23
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DEPAUL HEALTH CENTER
Received Date: 20050415
Docket No: 3002308
Control No.: 314409
License No.: 24-02490-03
Action Type: Renewal

2. FEE ATTACHED

Amount: 4900.00
Check No.: 1300333336

3. COMMENTS

Signed D. A. Hersey
Date 5-7-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: See attached report sheet

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: May 3 (Region III)

Mail Control: 314409

Company Name: DePaul Health Center

License Number: 24-02490-08

Check Number: 1300333336

Remitter: SSM Health Care - St. Louis

Received: \$1,900.00 (Renewal - no fee required per FY 99 fee rule).
Refund check returned to Wallace Fuhrman

Fee Category: 7C

Type of fee: Renewal

Date Received: 05/17/05

Date Completed: 05/17/05

Completed by: Brenda Brown