

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20121031  
Fee Comments:  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: ST. JOSEPH'S MEDICAL CENTER  
Received Date: 20050923  
Docket No: 3011966  
Control No.: 314868  
License No.: 22-16966-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: 0  
Check No.: 0

3. COMMENTS

Signed D.A. Hershey  
Date 10-7-2005

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

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

Signed \_\_\_\_\_  
Date \_\_\_\_\_