

(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 2B  
Exp. Date: 20050531  
Fee Comments:  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT MARY'S HEALTH CARE  
Received Date: 20050429  
Docket No: 3008291  
Control No.: 314413  
License No.: 21-01078-01  
Action Type: Renewal

2. FEE ATTACHED

Amount: Ø  
Check No.: Ø

3. COMMENTS

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

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 \_\_\_\_\_