

BETWEEN:

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: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20110331  
: Fee Comments:  
: Decom Fin Assur Req'd: N
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A. REGION

Applicant/Licensee: HEALTHEAST - ST. JOHN'S HOSPITAL
Received Date: 20051213
Docket No: 3028586
Control No.: 315060
License No.: 22-24441-01
Action Type: Amendment

Amount:
Check No.:

Signed D. A. Hensley
Date 12-14-2005

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

Signed _____
Date _____