

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20110331  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: HEALTHEAST - ST. JOHN'S HOSPITAL  
Received Date: 20060206  
Docket No: 3028586  
Control No.: 315171  
License No.: 22-24441-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hershey  
Date 2-10-2006

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 \_\_\_\_\_