

BETWEEN:

```
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C 2B  
: Exp. Date: 20150430  
: Fee Comments: NON-REPORTING  
: Decom Fin Assur Req'd: N  
: .....
```

A. REGION

Applicant/Licensee: HEALTHEAST - ST. JOSEPH'S HOSPITAL
Received Date: 20060206
Docket No: 3002200
Control No.: 315170
License No.: 22-01448-01
Action Type: Amendment

Amount: 
Check No.: 

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

Amendment _____
Renewal _____
License _____

Signed _____
Date _____