

License Fee Management Branch, ARM
and
Regional Licensing Sections

```
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20150930  
: Fee Comments:  
: Decom Fin Assur Req'd: N
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A. REGION

Applicant/Licensee: ST. FRANCIS MEDICAL CENTER
Received Date: 20051206
Docket No: 3002269
Control No.: 315073
License No.: 24-00158-03
Action Type: Amendment

Amount: _____
Check No.: _____

Signed D. A. Pershey
Date 12-21-2005

1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

Signed _____
Date _____