

BETWEEN:

Program Code: 02240
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20140731
Fee Comments: CODE 23
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. JOSEPH HEALTH CENTER
Received Date: 20060505
Docket No: 3008664
Control No.: 315419
License No.: 24-15159-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

- ### 3. COMMENTS

Signed
Date

D.A. Hersey
5-18-2006

- B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03^U is entered / __/)

1. Fee Category and Amount: _____

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

3. OTHER _____

Signed
Date