

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02230  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20110430  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: ST. LUKE'S HOSPITAL  
Received Date: 20060508  
Docket No: 3002305  
Control No.: 315426  
License No.: 24-01570-03  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey  
Date 5-22-2006

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 \_\_\_\_\_