

BETWEEN:

```

Program Code: 02120
Status Code: 0
Fee Category: 7C 3E
Exp. Date: 20110531
Fee Comments: CODE 21
Decom Fin Assur Req: N


```

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. JOHN'S HOSPITAL-SPRINGFIELD
Received Date: 20060531
Docket No: 3002285
Control No.: 315502
License No.: 24-00866-02
Action Type: Amendment

2. FEE ATTACHED

Amount: 
Check No.:

- ### 3. COMMENTS

Signed
Date

D. A. Hersey
6-21-2006

- 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