

BETWEEN:  
  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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Program Code: 02230  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20151231  
Fee Comments: CODE 21  
Decom Fin Assur Reqd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
- Applicant/Licensee:

Received Date:

Docket No:

Control No.:

License No.:

Action Type:
- SAINT JOSEPH MERCY HEALTH SYSTEM

20060421


3001997

315385

21-00943-03

Amendment

2. FEE ATTACHED
- Amount:

Check No.:
- 

3. COMMENTS

Signed D.A. Hersey

Date 6-1-2016

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 \_\_\_\_\_