

BETWEEN:

```

:   Program Code: 02120
:   Status Code: 0
:   Fee Category: 7C
:   Exp. Date: 20141231
:   Fee Comments: CODE 21
:   Decom Fin Assur Req'd: N
:   .....

```

LICENSE FEE TRANSMITTAL

### A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: SAINT JOSEPH REGIONAL MEDICAL  
Received Date: 20060512  
Docket No: 3013705  
Control No.: 315436  
License No.: 13-17943-01  
Action Type: Amendment

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

- ### 3. COMMENTS

Signed  
Date

D. A. Hershey  
5-25-2006

- 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