

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

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


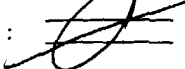
LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOHN'S HOSPITAL-SPRINGFIELD  
Received Date: 20060801  
Docket No: 3002285  
Control No.: 315611  
License No.: 24-00866-02  
Action Type: Amendment

2. FEE ATTACHED

Amount:   
Check No.: 

3. COMMENTS

Signed  
Date

  
8-01-06

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

\_\_\_\_\_  
\_\_\_\_\_