

(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
Exp. Date: 20141130
Fee Comments:
Decom Fin Assur Reqd: N


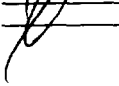
LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED


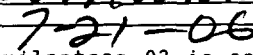
Applicant/Licensee: ST. JOSEPH'S MERCY HOSPITAL
Received Date: 20060718
Docket No: 3002106
Control No.: 315579
License No.: 21-11850-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 
Check No.: 

3. COMMENTS

Signed
Date

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

