

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20140731
Fee Comments: CODE 23
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOSEPH HEALTH CENTER
Received Date: 20070514
Docket No: 3008664
Control No.: 316247
License No.: 24-15159-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 2,300.00
Check No.: 2300132363

3. COMMENTS

Signed
Date

M. Bucholz
5-17-07

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

Fee not necessary. Brenda Brown
said to return to her. Sent to Brenda 5/17/07
for ~~not~~ VOIDING and return to St. Joseph.