

BETWEEN :

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

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A. REGION

Applicant/Personnel: ST. JOSEPH HEALTH CENTER
Received Date: 20070702
Docket No: 3008664
Control No.: 316347
License No.: 24-15159-01
Action Type: Amendment

Amount: _____
Check No.: _____

Signed
Date

M. Buchala
7-3-07

1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

Signed _____
Date _____