

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20141130  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::

BETWEEN:  
  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: ST. JOSEPH'S MEDICAL CENTER  
Received Date: 20070619  
Docket No: 3002106  
Control No.: 316322  
License No.: 21-11850-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed M. Buchholz  
Date 6-21-07

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 \_\_\_\_\_