

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20110430  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: :::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOSEPH MERCY HOSPITAL - SALINE  
Received Date: 20070814  
Docket No: 3010791  
Control No.: 316447  
License No.: 21-16317-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed by Rosemary Jones  
Date 8/14/07

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 \_\_\_\_\_