



RECEIVED
REGION I

202 Maplewood Avenue • Morgantown, West Virginia 24970
Phone (304) 647-4411 • Facsimile (304) 647-6010 • www.gvmc.com

NMSB3

U.S.N.R.C.
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

47-17199-01
03012343

Re: License Number 47-¹⁷¹⁹⁹~~17100~~-01
NMSB

To Whom It May Concern,

Please remove the following physician authorized user from our license. This individual is no longer providing services to this facility.

1. Steven Walter, MD

Thank you for your attention to this matter.

Sincerely,


Mark Nosacka, CEO

135057

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application ~~dated~~ undated
received 5/24/94, and to inform you that the initial processing which
includes an administrative review has been performed.

- AMEND. 47-17199-01
There were no administrative omissions. Your application was assigned to a
technical reviewer. Please note that the technical review may identify additional
omissions or require additional information. NOTE: CORRECTED LICENSE
NO. IN REQUEST LETTER.
- Please provide to this office within 30 days of your receipt of this card
-

A copy of your action has been forwarded to our License Fee & Accounts Receivable
Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 135057.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(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: 20121031
: Fee Comments: CODE 33
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: GREENBRIER VALLEY MEDICAL CENTER
Received Date: 20040524
Docket No: 3012343
Control No.: 135057
License No.: 47-17199-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed M. A. Perkins
Date 5/25/2004

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 _____