



HEALTH CARE SERVICES FOR THE COLOMA-HARTFORD-WATERVLIET COMMUNITIES

Community Hospital 400 MEDICAL PARK DRIVE, WATERVLIET, MICHIGAN 49098 269-463-3111

8/18/2004

Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, Illinois 60531-4351

To Whom it may concern:

We will be converting from an in house nuclear medicine department to a mobile unit.
This will take place on September 2, 2004.
The new service will be from Lakeland Hospital, St. Joseph, Michigan.

We wish to give up the in house license that we have. The exams will still be read by the
physicians names that appear on our license.

If you have any questions, please contact me.

License number-21-26648-01
Thank you.

A handwritten signature in black ink, appearing to read "Milt Bolles". The signature is fluid and cursive, with the first name "Milt" and last name "Bolles" clearly distinguishable.

Milt Bolles
Radiology Director
Community Hospital
400 Medical Park Drive
Watervliet, Michigan 49098

AUG 26 2004



Milt Bolles
Community Hospital

MEDICAL PARK, WATERVLIET, MICHIGAN 49098

ADDRESS CORRECTION REQUESTED

PRESORTED
 FIRST CLASS



U.S. POSTAGE

00309

METER 700174

Nuclear Regulatory Commission
 Region !!!
 801 Warrenville Road
 Lisle, Illinois 60532-4352

NUCL801 605323021 1404 21 08/24/04
 NOTIFY SENDER OF NEW ADDRESS
 :US NUCLEAR REGULATORY COMM
 2443 WARRENVILLE RD STE 210
 LISLE IL 60532-4352

FACFPMM 6053



(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: 20051031
: Fee Comments: _____
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: COMMUNITY HOSPITAL
Received Date: 20040826
Docket No: 3033838
Control No.: 313672
License No.: 21-26648-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 9-9-2004

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 _____