

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
: Exp. Date: 20120331
: Fee Comments: _____
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: SUBURBAN GENERAL HOSPITAL
Received Date: 20041018
Docket No: 3008957
Control No.: 135846
License No.: 37-15350-01
Action Type: Termination

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

3. COMMENTS
CHANGE FROM AMENDMENT
TO TERMINATION.
Signed M.A. Leibin
Date 11/4/04

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 _____