

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02230
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20051231
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: HACKENSACK MEDICAL CENTER
 Received Date: 20050520
 Docket No: 3002452
 Control No.: 137076
 License No.: 29-02641-03
 Action Type: Notifications

2. FEE ATTACHED

Amount: _____
 Check No.: /

3. COMMENTS

*Changed Action Type
from Amend to Notif.*

Signed Rebecca J. Jurek
 Date 6/10/05

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 _____