

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02110
: Status Code: 2
: Fee Category: 7B 2B
: Exp. Date: 20050228
: Fee Comments: BROADSCOPE EFF 7/7/99
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ABBOTT NORTHWESTERN HOSPITAL
Received Date: 20050126
Docket No: 3002223
Control No.: 314131
License No.: 22-04588-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: ⊕

3. COMMENTS

Signed D. A. Hersey
Date 2-17-2005

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 _____