

(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: 20060731
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: 20060113
Docket No: 3002223
Control No.: 315125
License No.: 22-04588-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed A. A. Hersey
Date 1-19-2006

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 _____