Broken Arrow Medical Center ATTN: Mr. Bruce D. Switzer Administrator 3000 South Elm Place Broken Arrow, OK 74012

Gentlemen:

This refers to your letter dated June 11, 1987, informing us of a change in name.

It will be necessary to amend Materials License 35-17414-01 to reflect this change, for which an amendment fee of \$120 is required as specified in §170.31 (7C) of 10 CFR 170, copy enclosed. Payment should be made to the U.S. Nuclear Regulatory Commission and mailed to my attention at our Washington, D.C. address.

Your application will be processed by the Region IV Licensing staff located at 611 Ryan Plaza Drive, Suite 1000, Arlington, Texas 76011. The fee, however, is required prior to issuance of the amendment. When submitting the fee, please refer to CONTROL NUMBER 461537.

Sincerely,

Driginal Signed By Glenda Jackson

Glenda Jackson License Fee Management Branch Division of Accounting and Finance Office of Administration and Resources Management

Enclosure: 10 CFR 170

cc: Region IV

DISTRIBUTION: Pending Fee File ARM/DAF R/F LFMB R/F (2) DW/RIVV/Broken

8801060166 870722 REG4 LIC30 35-17414-01 PDR

OFFICE : ARM/LFMB	: :		:
SURNAME : MMessier: rj : GJackson			
DATE :6/7 /87 :6/2 /87		an lan an a	<u>:</u>

JUN 24 1987



UNITED STATES

NUCLEAR REGULATORY COMMISSION

REGION IV 611 RYAN PLAZA DRIVE, SUITE 1000 ARLINGTON, TEXAS 76011

- BETWEEN: William O. Miller, Chief License Fee Management Branch Office of Administration
 - R. J. Everett, Chief Material Radiation Protection Section, TPB, DV&TP, RIV

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- LICENSEE FEE TRANSMITTAL
- A. REGION
 - 1. APPLICATION ATTACHED

Applicant/Licensee:

Application Dated:

Control No .:

License No.:

6/11/87 461537 030-12713) 35-17414-01

maken arrow med. Ctr.

2. FEE ATTACHED

Amount:

Check No .:

3. COMMENTS

ra dules Signed(Date

Code 23

- B. LICENSEE FEE MANAGEMENT BRANCH
 - 1. Fee Category and Amount:
 - 2. Correct Fee Paid. Application may be processed for:

70

Amendment _____

Renewa1

License

Signed The Messain Date 7/6/37