

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120331
 : Fee Comments: _____
 : Decom Fin Assur Req'd: 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. Berlin
 Date 11/4/2004

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 _____