

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 Req'd: 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

Date

*Rebecca J. Jurek*  
*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 \_\_\_\_\_