

BETWEEN:

```
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20121231  
: Fee Comments:  
: Decom Fin Assur Req'd: N
```

### A. REGION

Applicant/Licensee: NORTHWAY MEDICAL CENTER  
Received Date: 20050819  
Docket No: 3018020  
Control No.: 314765  
License No.: 21-20149-01  
Action Type: Termination

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

Signed  
Date

D.A. Hersey  
8-29-2005

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed  
Date