

October 17, 1996

Community Hospital  
ATTN: Ms. Jennifer Troxel  
2000 Campbell Drive  
Torrington, WY 82240

Dear Ms. Troxel:

I am responding to your note on returned Invoice No. AM3944-96. Your note stated that License 49-23121-01 has been terminated.

Footnote 1 of 10 CFR 171.16 provides that the annual fee is waived when a license is terminated prior to October 1 of each fiscal year. The 1996 annual fee is waived for licensees and holders of certificates, registrations, and approvals who either filed for termination of their licenses or approvals or filed for possession only/storage only licenses prior to October 1, 1995, and permanently ceased licensed activities by September 30, 1995. An amendment request filed after October 1 of each fiscal year to cancel a license does not cancel the annual fee invoice. Your June 13, 1996, termination request was not timely filed for purposes of avoiding the FY 1996 annual fee, as discussed with Rita Messier of my staff.

We received your payment of \$4,300 and Invoice AM3944-96 is considered paid in full. If you have questions concerning this matter, please contact Rita Messier at 301-415-6067.

Sincerely,

*for* **Signed by**  
**J. Arnella Rodriguez**  
Gloria C. Jackson, Chief  
License Fee Section  
License Fee and Accounts Receivable Branch  
Division of Accounting and Finance  
Office of the Controller

Distribution:

L. Tremper, OC/DAF/LFARB/ARS  
S. Kimberley, OC/DAF/LFARB/LFS  
License File 49-23121-01 w/cy inc  
Invoice File AM3944-96 w/orig inc  
NUDOCS (ML-61) w/cy inc  
PDR w/cy inc  
OC/DAF LFARB (LF-96-114)  
OC/DAF LFARB RF  
OC/DAF RF (DAF 6-000)  
OC/DAF SF (LF 3.2.2) w/cy inc

DOCUMENT NAME: R:\NAMES\RMESSIER\LF96114

(To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy.)

OFFICE	OC/DAF/LFARB/LFS	C	OC/DAF/LFARB	E	OC/DAF/LFARB	C			
NAME	R. MESSIER	<i>rem</i>	GC Jackson	<i>me</i>	DB Dandois	<i>DB</i>			
DATE	10/17/96		10/17/96		10/17/96		/ / 96	/ / 96	

OFFICIAL RECORD COPY

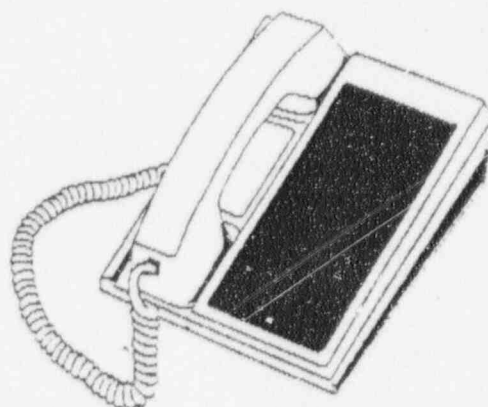
9610220011 961017  
PDR ADOCK 03020277  
C PDR

U.S. NUCLEAR REGULATORY COMMISSION  
Region IV611 Ryan Plaza Drive Suite 400  
Arlington, Texas 76011

## DIVISION OF NUCLEAR MATERIALS SAFETY

DATE/TIME: 8/21/96

## PRIORITY:

Immediately ☒1 Hour ☐2-4 Hours ☐MESSAGE TO: Rita MessierMESSAGE FROM: B. GruszynskiNUMBER OF PAGES: 1 PLUS TRANSMITTAL SHEETTELECOPY NUMBER: 301-415-5387 VERIFICATION NUMBER: \_\_\_\_\_CONTACT: By

## SPECIAL INSTRUCTIONS/ATTACHMENTS:

Term. of Community Hosp

Transmitted and Verified by:

DISPOSITION:

Return to Originator: \_\_\_\_\_

NAME

DATE

Place in Mail: \_\_\_\_\_

Other: \_\_\_\_\_

NRC FORM 374A  
(7-94)

U.S. NUCLEAR REGULATORY COMMISSION

PAGE 1 OF 1 PAGES

MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License Number

49-23121-01

Docket or Reference Number

030-20277

Amendment No. 06

Community Hospital  
2000 Campbell Drive  
Torrington, WY 82240

In accordance with NRC Form 314 dated June 13, 1996, License No. 49-23121-01 is hereby terminated.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Original Signed By  
Jacqueline D. Bunks

Date AUG - 8 1996

By

Nuclear Materials Licensing Branch  
Region IV  
Arlington, Texas 76011

U. S. NUCLEAR REGULATORY COMMISSION  
FY 96 Annual Materials Fee Invoice  
Period 10/1/1995 - 9/30/1996  
10 CFR 171.16

RE m

Invoice Date  
=====

License Anniversary Month  
=====

Invoice Number  
=====

06/11/1996

May

AM3944-96

COMMUNITY HOSPITAL  
ATTENTION: RADIATION SAFETY OFFICER  
2000 CAMPBELL DR.  
TORRINGTON WY 82240-

\*\*\*\*\* Mark THIS COPY with any billing address changes \*\*\*\*\*

License/Approval/ Registration/ Certificate Number =====	Code AA905 =====	Annual Fee Category(s) =====	Fee Amount =====
49-23121-01	ANN	7C	\$ 4,300.00
TOTAL:			\$ 4,300.00
TOTAL INVOICE:			\$ 4,300.00

Make Checks Payable To:

=====

U.S. Nuclear Regulatory Commission  
License Fee & Accounts Receivable Branch  
PO Box 954514  
St. Louis, MO 63195-4514

<=== This PO Box address is  
<=== for receipt of payments  
<=== only.

For terms and conditions see attached.  
Questions: call 301/415-7554.

\*\*\*\*\*  
\*  
\* PAYMENT COPY \*  
\*  
\*\*\*\*\*

==> To ensure accurate credit, return this copy of the <===  
==> invoice with your payment. Processing may be <===  
==> delayed if the invoice is not included. <===

\* our license has been terminated

*Jennifer Troel*

307-532-4833