

AUG 6 1985

Good Shepherd Hospital
ATTN: Mr. Michael A. Bux, Manager
Radiology and Diagnostic Imaging
450 West Highway 22
Barrington, Illinois 60010

Gentlemen:

Enclosed is Check No. 0156284 (\$180) which accompanied your letter dated July 11, 1985, for renewal of License 12-18809-01. We received your June 19, 1985 application for renewal which was accompanied by Check No. 0148896 (\$580). The additional fee is not required.

Sincerely,

for
Glenda Jackson
License Fee Management Branch
Office of Administration

Enclosure:
Check No. 0156284 (\$180)

DISTRIBUTION:
Pending Fee File
Weekly Reading File
Materials Reading File

8511180633 851001
REG3 LIC30
12-18809-01 PDR

OFFICE	LFMB:ADM	LFMB:ADM					
SURNAME	CPhillips:rej						
DATE	8/5/85						