

NOV 28 1985

AtlantiCare Medical Center
ATTN: Mr. James A. Kouripines
Director of Financial Services
212 Boston Street
Lynn, Massachusetts 01904

Gentlemen:

This refers to your letter dated October 1, 1985, informing us of the merger of Lynn Hospital and Union Hospital.

It will be necessary to amend Materials Licenses 20-03339-01 and 20-10784-02 to reflect the new name of the organization, for which amendment fees totalling \$240 are required as specified in fee Category 7C (\$120 each) of 170.31 of 10 CFR 170, copy enclosed. Payment should be made to the U.S. Nuclear Regulatory Commission and mailed to my attention at our Washington, D.C. address.

Your application will be processed by the Region I Licensing staff located at 631 Park Avenue, King of Prussia, Pennsylvania 19406. The fee, however, is required prior to issuance of the amendments. When submitting the fee, please refer to CONTROL NUMBERS 104593 and 104646.

Sincerely,

Original Signed By
Glenda Jackson

Glenda Jackson
License Fee Management Staff
Office of Administration

Enclosure:
10 CFR 170

cc: Region I

DISTRIBUTION:
Pending Fee File
Weekly Reading File
Materials Reading File

8604040472 860312
REG1 LIC30
20-10784-02 PDR

OFFICE	LFMS:ADM	LFMS:ADM
SURNAME	REJacques:rej	GJackson
DATE	11/15/85	11/15/85



AtlantiCare Medical Center

October 1, 1985

'85 NOV 21 P2:38

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

Dear Vendor:

On September 30, 1985 Lynn Hospital and Union Hospital legally merged. From this day forward they will be known as AtlantiCare Medical Center.

We would like you to be aware of this change and make the appropriate changes when you communicate with either site. In the future, all communications directed to Lynn Hospital should be addressed to:

AtlantiCare Medical Center
212 Boston Street
Lynn, Massachusetts 01904
(617) 598-5100

All communications directed to Union Hospital should be addressed to:

20-10784-02
AtlantiCare Medical Center
500 Lynnfield Street
Lynn, Massachusetts 01904
(617) 581-9200

We would appreciate your making this change immediately so as not to hold up any business transactions between you and the AtlantiCare Medical Center.

Thank you.

Cordially,

James A. Kouripides
James A. Kouripides
Director of Financial Services
AtlantiCare Medical Center

Nov 14 1985

Applicant	00463210240
Check No.	112070
Amount	112070
Date of Pay	11/18/85
Check Rec'd	11/18/85
U.S. N.R.C.	11/18/85

"OFFICIAL RECORD COPY"

NOV 18 1985

104646

bf

212 Boston Street
Lynn, Massachusetts 01904
617-598-5100

NOV 01 1985

ML10

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

02/20
6/85
036

LICENSE FEE TRANSMITTAL

Fee Needed

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AtlantiCare

Application Dated: 10/1/85

Control No.: 104646

License No.: 20-10784-02

2. FEE ATTACHED

Amount: 004632

Check No.: 0 #240

3. COMMENTS

Signed Bonnie P. Hatch

Date 11/18/85

See log Nov 21
104543
has already been requested

LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C - #120

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

Amendment ✓

Renewal

License

Signed B. Jackson

Date 2/2/86

some change in
pending renewal
is not the same
as this name
change B.
fee is due
to amend both
Renewal pending
see 04593 also.