

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: _____
: Status Code: 3
: Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req: _
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: OAKLAND/MACOMB INTERNAL MEDICINE
Received Date: 20050414
Docket No.: 3036936
Control No.: 314397
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1900.00
Check No.: 7448

3. COMMENTS

Signed D.A. Hersey
Date 3-5-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered)

1. Fee Category and Amount: see attached sheet

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: May 2 (Region III)
Mail Control: 314397
Company Name: Oakland/Macomb Internal Medicine
License Number: NEW
Check Number: 1448
Amount Received: \$1,900.00
Fee Category: 7C
Type of fee: Application
Date Received: 05/11/05
Date Completed: 05/11/05
Completed by: Brenda Brown