

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

```
: Program Code: 02240  
: Status Code: 2  
: Fee Category: 7C 2B  
: Exp. Date: 20050531  
: Fee Comments:  
: Decom Fin Assur Req'd: N
```

### A. REGION

1. APPLICATION ATTACHED

APPLICATION ATTACHED  
 Applicant/Licensee: MCLAREN REGIONAL MEDICAL CENTER  
 Received Date: 20050426  
 Docket No: 3002048  
 Control No.: 314411  
 License No.: 21-04171-04  
 Action Type: Renewal

2. FEE ATTACHED

Amount: 0  
Check No.: 0

### 3. COMMENTS

Signed  
Date

D.A. Hersey  
5-7-2005

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

1. Fee Category and Amount:

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

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

3. OTHER

Signed  
Date