

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20140131
Fee Comments: CODE 23
Decom Fin Assur Req: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: NORTHERN MICHIGAN HOSPITAL
Received Date: 20050803
Docket No: 3011715
Control No.: 314718
License No.: 21-16732-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey
Date 8-19-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 09 is entered /_/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____