

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20140131
Fee Comments: _____
Decom Fin Assur Req: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: WEST MICHIGAN HEART, P.C.
Received Date: 20050805
Docket No: 3033375
Control No.: 314721
License No.: 21-26543-01
Action Type: Amendment

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

3. COMMENTS

Signed D.A. Hersey
Date 8-22-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 01 is entered /_/)

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

Signed _____
Date _____