

(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 Reqd: \_\_\_\_\_

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MICHIGAN VETERINARY SPECIALISTS, PC  
Received Date: 20051103  
Docket No: 3037095  
Control No.: 314985  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1200.00  
Check No.: 28419

3. COMMENTS

Signed D. A. Hersey  
Date 11-14-2005

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

1. Fee Category and Amount: \_\_\_\_\_

*See attached fee sheet*

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

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

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**FEE INFORMATION**

Log Page: Nov 1 (Region III)

Mail control: 314985

Company Name: Michigan Veterinary Specialists, PC

License Number: New

Check Number: 28419

Amount Received: \$1,200.00

Amount Needed: \$1,100.00

Amount Refunded: \$100.00

Fee Category: 3P

Type of fee: Application

Date Completed: 11/18/05

Completed by: Brenda Brown