

(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
: Exp. Date: 20141231
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CHILDREN'S HOSPITAL OF MICHIGAN
Received Date: 20050912
Docket No: 3013166
Control No.: 314831
License No.: 21-03298-05
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed
Date 7-16-05

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 _____