

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 22160
Status Code: 0
Fee Category: EX 7C
Exp. Date: 20150930
Fee Comments: PACEMAKER/21-00243-06
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SPECTRUM HEALTH HOSPITALS
Received Date: 20051122
Docket No: 7001486
Control No.: 315009
License No.: SNM-1432
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D.A. Hershey
Date 11-28-2005

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 _____