

(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 Req: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MID MICHIGAN DIAGNOSTIC
Received Date: 20050930
Docket No: 3037056
Control No.: 314882
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2100.00
Check No.: 1503

3. COMMENTS

Signed D. A. Hersey
Date 11-13-2005

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

1. Fee Category and Amount: _____

All attached fee sheet

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

Amendment _____
Renewal _____
License

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Oct 1 (Region III)

Company name: Mid Michigan Diagnostic

Mail control: 314882

Check received: 1503

Amount received: \$2,100.00

Fee Category: 7C

Action Type: NEW

Date completed: 10/24/05

Completed by: Brenda Brown