

(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: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MICHIGAN HEMATOLOGY & ONCOLOGY INST
Received Date: 20060504
Docket No: 3037211
Control No.: 315416
License No.:
Action Type: New Licensee

matu-06

2. FEE ATTACHED
Amount: \$2300.00 ✓
Check No.: 972

3. COMMENTS

Signed J. A. Hersey
Date 5-18-2006

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

1. Fee Category and Amount: See attached sheet

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: May 1 (Region III)

Mail control: 315416

Company Name: Michigan Hematology and Oncology Institute

License Number: New

Check Number: 972

Amount Received: \$2,300.00

Amount Due: \$2,100.00

Amount Refunded; \$200.00

Fee Category: 7C

Type of fee: Application

Date Completed: 05/30/06

Completed by: Brenda Brown