

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02200
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140930
: Fee Comments: _____
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MID-MICHIGAN PHYSICIANS, P.C.
Received Date: 20060421
Docket No: 3036617
Control No.: 315387
License No.: 21-32527-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 5-1-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 00 is entered /___/)

1. Fee Category and Amount: _____

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____