

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

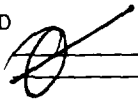
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02230  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20140630  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req: N


LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: WEST MICHIGAN CANCER CENTER  
Received Date: 20060828  
Docket No: 3036539  
Control No.: 315669  
License No.: 21-32501-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: 

3. COMMENTS

Signed   
Date 8-31-06

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 \_\_\_\_\_