

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

:  
:  
:-----  
: Program Code: 02240  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20150930  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MCLAREN REGIONAL MEDICAL CENTER  
Received Date: 20061016  
Docket No: 3002048  
Control No.: 315776  
License No.: 21-04171-04  
Action Type: Amendment

2. FEE ATTACHED

Amount:             
Check No.:           

3. COMMENTS

Signed D. A. Hersey  
Date 10-18-2006

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 \_\_\_\_\_