

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:
:
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130228
: Fee Comments: _____
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SPECTRUM HEALTH - REED CITY CAMPUS
Received Date: 20070301
Docket No: 3034534
Control No.: 316063
License No.: 21-32023-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: *1*

3. COMMENTS

Signed *M. Bucholz*
Date 3-01-07

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 _____