BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 22160
Status Code: 0
Fee Category: EX 7C
Exp. Date: 20150930
Fee Comments: PACEMAKER/21-00243-06
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: SPECTRUM HEALTH HOSPITALS
   Received Date: 20070327
   Docket No: 7001486
   Control No.: 316128
   License No.: SNM-1432
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.: Ø

3. COMMENTS

Signed M. Buchholz
Date 3-27-07

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 _____