

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

:  
:  
:-----  
:  
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140331  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MOUNT CLEMENS REGIONAL MEDICAL CTR.  
Received Date: 20070613  
Docket No: 3002040  
Control No.: 316311  
License No.: 21-04080-01  
Action Type: Amendment

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

3. COMMENTS  
Signed   *M. Buchholz*    
Date   6-13-07  

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 \_\_\_\_\_