

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02310  
: Status Code: 0  
: Fee Category: 7A 7C EX 2B  
: Exp. Date: 20150131  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: ::

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MIDMICHIGAN MEDICAL CENTER  
Received Date: 20070906  
Docket No: 3002013  
Control No.: 316501  
License No.: 21-01549-02  
Action Type: Amendment

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

3. COMMENTS

Signed Rosemary Jon  
Date 9/7/07

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 \_\_\_\_\_