

FEE INFORMATION

Log page: Aug 2 (Region III)
Mail control: 316421
Company name: Macomb Physicians Group, PLLC
Type of fee: New
Fee category: 7C
Check number: 10269
Amount received: \$2,400.00
Amount needed: \$2,300.00
Refund amount: \$100.00
Date completed: 08/14/07
Completed by: Brenda Brown

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MACOMB PHYSICIANS GROUP, PL.L.C.
Received Date: 20070801
Docket No: 3037523
Control No.: 316421
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: 2400.00
Check No.: 10269

3. COMMENTS

Signed RJ Rosemary Jones
Date 8/2/07

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal /
License _____

3. OTHER _____

Signed _____
Date _____