

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

(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 Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MIDMICHIGAN MEDICAL CENTER
Received Date: 20071015
Docket No: 3002013
Control No.: 316599
License No.: 21-01549-02
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS

Signed Rosemary Jones
Date 10/16/07

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 _____