

(FOR LFMS USE)
INFORMATION FROM LTS

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

:
:
:
:
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110531
: Fee Comments: CODE 23 FEB 18
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MEMORIAL MEDICAL CENTER OF WEST MI
Received Date: 20071009
Docket No: 3011565
Control No.: 316592
License No.: 21-16737-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.: 0

3. COMMENTS

Signed Rosemary Jones
Date 10/19/07

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 _____