

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 3M 3P 7C
: Exp. Date: 20111231
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: SPECTRUM HEALTH HOSPITALS
 Received Date: 20071114
 Docket No: 3001989
 Control No.: 316682
 License No.: 21-00243-06
 Action Type: Amendment

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

3. COMMENTS

Signed *Rosemary Jones*
 Date 11/14/07

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 _____