

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20141130
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

- 1. APPLICATION ATTACHED
Applicant/Licensee: HENRY FORD MACOMB HOSPITAL
Received Date: 20080204
Docket No: 3002106
Control No.: 316957
License No.: 21-11850-01
Action Type: Amendment

- 2. FEE ATTACHED
Amount: _____
Check No.: ϕ

3. COMMENTS

Signed Mr. Bushong
Date 3-11-08

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 _____