

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 3M 3P 7C
: Exp. Date: 20111231
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SPECTRUM HEALTH HOSPITALS
Received Date: 20080320
Docket No: 3001989
Control No.: 317004
License No.: 21-00243-06
Action Type: Amendment

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

3. COMMENTS

Signed M. Bucholz
Date 3-21-08

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 _____