

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: 20080408  
Docket No: 3001989  
Control No.: 317057  
License No.: 21-00243-06  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.:           

3. COMMENTS

Signed           *Rodney Jones*            
Date           4-10-08          

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 \_\_\_\_\_