

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02121  
: Status Code: 0  
: Fee Category: 7C EX 2B  
: Exp. Date: 20140331  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: .....

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CENTRAL MICHIGAN COMMUNITY HOSPITAL  
Received Date: 20080623  
Docket No: 3002078  
Control No.: 317273  
License No.: 21-08966-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed *Rosen*  
Date 6/24/08

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 \_\_\_\_\_