CONVERSATION RECORD

TIME DATE
8:00 am, 8/14/08

O VISIT O CONFERENCE X TELEPHONE

O INCOMING
X OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT	ORGANIZATION (OFFICE, DEPT.ETC.)	TELEPHONE NO
John P. Travis, RSO Bob Mitchell, President	Bob Mitchell & Associates	231-263-5463

SUBJECT
Order AM2346-08/21-26292-01, revoking license for failure to pay annual fee

SUMMARY

Mr. Mitchell stated that they will submit their annual fee the morning of Monday, August 18, 2008, and that he will contact me to confirm that the check has been mailed.

ACTION REQUIRED
Mail check for annual fee, and confirm by telephone to inspector that it has been mailed.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Geoffrey M. Warren	[signature]	8/14/08

ACTION TAKEN

SIGNATURE TITLE DATE