

BETWEEN:

```

: Program Code: 02240
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20150930
: Fee Comments:
: Decom Fin Assur Regd: N

```

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	MCLAREN REGIONAL MEDICAL CENTER
Received Date:	20080618
Docket No:	3002048
Control No.:	317262
License No.:	21-04171-04
Action Type:	Amendment

2. FEE ATTACHED

Amount:

Check No.:

- ### 3. COMMENTS

Signed
Date

Date _____

- 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

Date _____