

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20140131
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NORTHERN MICHIGAN REGIONAL HOSPITAL
Received Date: 20080919
Docket No: 3011715
Control No.: 317508
License No.: 21-16732-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 4

3. COMMENTS

Signed Rosemary Jan
Date 9/29/08

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 _____