

```

      :
      :           (FOR LFMS USE)
      :   INFORMATION FROM LTS
      :   -----
      :
      : Program Code: 02230
      : Status Code: 0
      : Fee Category: 7C
      : Exp. Date: 20140630
      : Fee Comments: _____
      : Decom Fin Assur Req'd: N
      :

```

License Fee Management Branch, ARM
and
Regional Licensing Sections

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: WEST MICHIGAN CANCER CENTER
Received Date: 20050908
Docket No: 3036539
Control No.: 314819
License No.: 21-32501-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

- ### 3. COMMENTS

Signed
Date

D.A. Hersey
9-15-2005

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