

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02200
Status Code: 0
Fee Category: 7C
Exp. Date: 20140930
Fee Comments: _____
Decom Fin Assur Req'd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MID-MICHIGAN PHYSICIANS, P.C.
Received Date: 20060421
Docket No: 3036617
Control No.: 315387
License No.: 21-32527-01
Action Type: Amendment

2. FEE ATTACHED
Amount: 0
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 5-1-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 00 is entered /___/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____