

(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  
Exp. Date: 20101231  
Fee Comments:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ALLEGAN GENERAL HOSPITAL  
Received Date: 20060620  
Docket No: 3014003  
Control No.: 315516  
License No.: 21-18659-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: Ø  
Check No.: Ø

3. COMMENTS

Signed  
Date

D.A. Hershey  
6-25-2006

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

\_\_\_\_\_  
\_\_\_\_\_