

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02310  
: Status Code: 0  
: Fee Category: 7A 7C EX 2B  
: Exp. Date: 20150131  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MIDMICHIGAN MEDICAL CENTER  
Received Date: 20070723  
Docket No: 3002013  
Control No.: 316424  
License No.: 21-01549-02  
Action Type: Amendment

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

3. COMMENTS

Signed *Li Roseman*  
Date 8/2/07

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 \_\_\_\_\_