

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: 20070824
Docket No: 3002013
Control No.: 316476
License No.: 21-01549-02
Action Type: Amendment

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

3. COMMENTS

Signed Rosemary Jones
Date 8/29/07

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 _____