BETWEEN:	: (FOR LFMS USE) : INFORMATION FROM LTS :
License Fee Management Branch, ARM and Regional Licensing Sections	: Program Code: 02230 : Status Code: 0 : Fee Category: 7C : Exp. Date: 20140331 : Fee Comments: : Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: MOUNT CLEMENS Received Date: 20070613 Docket No: 3002040 Control No:: 316311 License No:: 21-04080-01 Action Type: Amendment 2. FEE ATTACHED	REGIONAL MEDICAL CTR.
Amount: Check No.: 3. COMMENTS Signed Date	M. Buchols
B. LICENSE FEE MANAGEMENT BRANCH (Chec	k when milestone 03 is entered //)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may Amendment Renewal License	be processed for:
3. OTHER	
Signed Date	