

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140331
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MOUNT CLEMENS REGIONAL MEDICAL CTR.
Received Date: 20080423
Docket No: 3002040
Control No.: 317094
License No.: 21-04080-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed Rosemary Jones
Date 4-24-08

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 _____