

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 03620  
Status Code: 2  
Fee Category: 3P  
Exp. Date: 20041031  
Fee Comments:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MINNESOTA DEPARTMENT OF HEALTH  
Received Date: 20041004  
Docket No: 3005000  
Control No.: 313794  
License No.: 22-04589-01  
Action Type: Renewal

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

3. COMMENTS

Signed   
Date 10-19-04

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 \_\_\_\_\_