

(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 Req: 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 _____