

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
: Program Code: 02110
: Status Code: 0
: Fee Category: 7B 3P 3E
: Exp. Date: 20120531
: Fee Comments: LT SERVICE (2/88)
: Decom Fin Assur Req: Y
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MAYO CLINIC ROCHESTER
Received Date: 20050103
Docket No: 3002195
Control No.: 314047
License No.: 22-00519-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 1-21-2005

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 _____