BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: MAYO CLINIC ROCHESTER
   Received Date: 20050607
   Docket No: 3002195
   Control No.: 314526
   License No.: 22-00519-03
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.: Ø

3. COMMENTS

Signed D.A Hersey
Date 6-15-2005

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 _____