

(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  
: Exp. Date: 20120430  
: Fee Comments: CODE 13  
: Decom Fin Assur Req: Y  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: HENNEPIN COUNTY MEDICAL CENTER  
Received Date: 20050701  
Docket No: 3002244  
Control No.: 314581  
License No.: 22-11070-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed D.A. Hersey  
Date 7-26-2005

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 \_\_\_\_\_