

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20100731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: UNIVERSITY MEDICAL CENTER - MESABI
Received Date: 20051206
Docket No: 3002211
Control No.: 315067
License No.: 22-02403-01
Action Type: Amendment

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

3. COMMENTS

Signed J. A. Hersey
Date 12-19-2005

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 _____