

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03620
: Status Code: 0
: Fee Category: EX 3L
: Exp. Date: 20130131
: Fee Comments: 7B DELETED 3/31/06
: Decom Fin Assur Reqd: N
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MINNESOTA, UNIVERSITY OF
Received Date: 20070809
Docket No: 3000842
Control No.: 316437
License No.: 22-00187-46
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed B. Rosemary
Date 8/4/07

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 _____