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.....
      (FOR LFMS USE)
      INFORMATION FROM LTS
      -----
Program Code: 02200
Status Code: 0
Fee Category: 7C
Exp. Date: 20140531
Fee Comments: _____
Decom Fin Assur Req'd: N
.....

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License Fee Management Branch, ARM
and
Regional Licensing Sections

```

: Program Code: 02200
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140531
: Fee Comments:
: Decom Fin Assur Req'd: N

```

A. REGION

Applicant/Licensee: MINNESOTA ONCOLOGY - HEMATOLOGY
Received Date: 20050706
Docket No: 3036519
Control No.: 314611
License No.: 22-32497-01
Action Type: Amendment

Amount: _____
Check No.: _____

Signed D. A. Hersey
Date 8-1-05

1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

Signed _____
Date _____