

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 03620  
Status Code: 0  
Fee Category: 3P  
Exp. Date: 20150430  
Fee Comments:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MINNESOTA DEPARTMENT OF HEALTH  
Received Date: 20060117  
Docket No: 3005000  
Control No.: 315127  
License No.: 22-04589-01  
Action Type: Decommissioning

2. FEE ATTACHED

Amount: 0  
Check No.: 0

3. COMMENTS

Signed D. A. Hensen  
Date 1-19-2006

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 \_\_\_\_\_