



OKLAHOMA DEPARTMENT OF TRANSPORTATION  
HIGHWAY ADVERTISING CONTROL PROGRAM

FEE RECEIPT

13538

OWNER NUMBER 1749

DATE 06/22/2010

TO: WOODWARD HOSPITAL & HEALTH CLI  
900 17TH STREET  
WOODWARD                      OK    ZIP    738010000

PAID BY: CHECK

DESCRIPTION	QUANTITY	PRICE EACH	AMOUNT
PERMIT: Application	0	0.00	0.00
Renewal	1	20.00	20.00
Penalty	0	0.00	0.00
LICENSE: Application		0.00	0.00
Renewal		0.00	0.00
Penalty	0	0.00	0.00
REGISTRATION: Dup. Certificate	0	0.00	0.00
Dup. Tag	0	0.00	0.00
Penalty			
TRANSFER:	0	0.00	0.00
OTHER:	0	0.00	0.00
Total Amount Paid	<b>1</b>		<b>20.00</b>

**KEEP YOUR RECEIPT**

Any questions regarding this transaction must be accompanied by this receipt or must reference this receipt number and your owner number.

**This is not a bill - Thank you for your payment!**

10606