



OKLAHOMA DEPARTMENT OF TRANSPORTATION
HIGHWAY ADVERTISING CONTROL PROGRAM

FEE RECEIPT

14858

OWNER NUMBER 1749

DATE 10/12/2011

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	0	0.00	0.00
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	1	25.00	25.00
Penalty			
TRANSFER:	0	0.00	0.00
OTHER:	0	0.00	0.00
Total Amount Paid	1		25.00

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!