

Effective 3/10/11

MINNESOTA • REVENUE

January 20, 2011

Letter ID: L0423733760

MN Dept of Health/Health Occupant Program
Attn: Licensing Department
4444 Lafayette
St Paul, MN 55155

Hand Delivered
Minnesota Department of Health

JAN 28 2011

Health Occupations Program *dy*

Subject: License revocation

The following taxpayer has an overdue liability:

Debtor name: JULIE SKOKAN
Debtor ID

Under Minnesota law, you must revoke the following license within 30 days upon receipt of this notice.

License holder: SKOKAN, JULIE R
License renewal date: May 1, 2011
License name: Speech Language Pathologist
License number: 7330

Once the delinquency has been resolved, we will send you a clearance certificate.

Contact information:

STATE OF MINNESOTA
Commissioner of Revenue

By email: mdor.collection@state.mn.us

By mail: Ramona Bailey
PO Box 64564
St. Paul, MN 55164-0564

by: *Robert Dwyer*

By phone: (651) 556-3716
(800) 657-3909 (outside metro calling area)

By fax: (651) 556-5116

This is issued in accordance with Minn. Stat. 270C.72, 16D.08, 349A.06 or 349.155 subd 3.