



REGION II  
Calendar Year 2000  
TEMPORAL EOE REG FORM 241 & REVISION SUBMITTALS

INITIAL 241 PACKAGE LFN \_\_\_\_\_  
 REVISION LFN 026717  
 CLARIFICATION LFN \_\_\_\_\_

LICENSEE NAME: *Metropolitan Services Inc.*  
LICENSEE STATE: *NY* NUMBER: *101-1792-05*  
CHECK NO.: *0267*  
CHECK AMOUNT: *\$1,000.00*  
FORWARDED BY: *Diane Stein* *4/6/00*

Includes: Exam 241  Initial  Revision  Clarification   
Fee   
License Copy

LICENSE FEE & ACCOUNT RECEIVABLE BRANCH

1. Fee Category and Amount: \_\_\_\_\_  
2. Correct Fee Paid: Submittal may processed for:  
Games License \_\_\_\_\_  
Parsons \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_