



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-4005

VOID SHEET

TO: License Fee and Accounts Receivable Branch

FROM: Region IV, DNMS, NMLB

SUBJECT: VOIDED AMENDMENT APPLICATION

Applicant: Kaiser Foundation Hospital
License No.: 53-05379-01
Control No.: 470371
Docket No.: 030-03546

Reason for Void: Licensee requested to change the Radiation Safety Officer on letter dated January 12, 2005 (control no. 470371). Licensee submitted renewal application package on letter dated September 30, 2004 (control no. 470236). Control no. 470371 is being voided to allow consolidation of both licensing actions under one control number (control no. 470236).

Reviewer: Roberto J. Torres
Date: 2/9/2005

Licensing Assistant: _____
Date:

Attachment:
Official Record Copy of Voided Action
or
ML Control No. of Voided Action: **ML050400493**

FOR LFMB USE ONLY

Refund Authorized and Processed
' No Refund
' Fee Exempt or Fee Not Required

Comments:

Log Completed

Processed By: _____