



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: St. Vincent Healthcare
License No.: 25-07553-01
Control No.: 470528
Docket No.: 030-02396

Reason for Void: Amendment request to add 35.200 authorized user (control no. 470528) is being consolidated with amendment request to add 35.300 and 35.400 authorized user (control no. 470476).

Reviewer: Roberto J. Torres
Date: 05/16/2005

Licensing Assistant: _____
Date:

Attachment:
Official Record Copy of Voided Action
or
ML Control No. of Voided Action: ML051360193

FOR LFMB USE ONLY

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

Comments:

Log Completed

Processed By: _____