

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - James R. Mullauer

SUBJECT: VOIDED APPLICATION

Control Number: 314476

Applicant: Herrick Memorial Hospital

License Number: 21-24368-01

Docket Number: 030-18540

Date Voided: 6/2/05

Reason for Void: This request was faxed to NRC on May 18, 2005. The reviewer notice when amendment No. 17 was done, the changes that the licensee requested were already made. Therefore, no amendment is necessary. The reviewer will call the licensee and inform them that no further action is necessary. - *Done*

*James Mullauer* *6/2/05*  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

- ☐ Refund Authorized and processed
- ☐ No Refund Due
- ☐ Fee Exempt or Fee Not Required

Comments: \_\_\_\_\_ Log completed \_\_\_\_\_

\_\_\_\_\_ Processed by: \_\_\_\_\_