VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: 314759

Applicant: Harper Hospital Division - Gershenson Radiation Oncology Ctr

License Number: 21-04127-06

Docket Number: 030-09376

Date Voided: November 22, 2005

Reason for Void: This action will be added to the requests under control number 314816

Signature Date 11/22/05

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: