

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315738

Applicant: REID HOSPITAL & HEALTH CARE SERV.

License Number: 13-03284-02

Docket Number: 030-01614

Date Voided: 12/21/06

Reason for Void: No amendment to the license is either necessary or appropriate. Licensee has been informed of this in telecon record this date.

Colleen Carol Casey 12/21/06
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: _____
