

**VOID SHEET**

TO: License Fee Management Branch

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control number: 316017

Applicant: PORTER VALPARAISO HOSPITAL CAMPUS

License Number: 13-17073-01

Docket Number: 030-12150

Date Voided: March 1, 2007

Reason for Void: THIS IS **NOT** AN AMENDMENT REQUEST FROM THE LICENSEE. THIS IS AN INFORMATION REQUEST FROM A LAWYER LOOKING FOR INFORMATION ABOUT TRANSFER OF CONTROL AND OWNERSHIP. THIS REQUEST WAS **NOT** SIGNED BY THE LICENSEE. I CALLED THE LAWYER AND LEFT A MESSAGE INDICATING THAT THIS INFORMATION COULD BE FOUND IN NRC NUREG - 1556, VOLUME 15.

*W. P. REICHOLD*  
*W. P. Reichhold*

March 1, 2007

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: