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: Portneuf Medical Center

License No.: 11-27384-01

Control No.: 471340

Docket No.: 030-32325

Reason for Void: Licensee requested withdrawal of amendment request in letter dated July 6, 2007. Review accomplished.

Reviewer: Jacqueline D. Cook ***/RA/***
Date: July 12, 2007

Licensing Assistant:_____
Date:

Attachment:
Official Record Copy of Voided Action
or
ML Control No. of Voided Action:ML071550125

FOR LFMB USE ONLY

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

Comments:

Log Completed ❏

Processed By:_____