

VOID SHEET

TO: License Fee Management Branch
FROM: RIII - Materials Licensing Branch
SUBJECT: VOIDED APPLICATION

Control Number: 316517

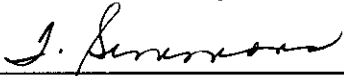
Applicant: Emma L. Bixby Medical Center

License Number: 21-03194-01

Docket Number: 030-02027

Date Voided: November 20, 2007

Reason for Void: This is a duplicate amendment request. The original request was processed under Control Number 316328. Therefore, Control no. 316517 is hereby voided.



Signature

11/21/07
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: _____