Void Sheet

TO: License Fee Management Branch FROM: Region 3 SUBJECT: VOIDED APPLICATION

Control Number: 316682

Applicant: Spectrum Health Hospitals

License Number: 21-00243-06

Docket Number: 030-01989

Date Voided: January 25, 2008

Reason for Void: Reviewer already working on an amendment for this licensee, so these requests were combined under control 316768.

	W.P. RELCHHOND		
	W.P. Reichhold	January 25, 2008	
	Signature	Date	
Attachment: Official Record Copy of Voided Action			
FOR LFMB USE ONLY			
Refund Authoriz	ed and processed		

No Refund Due

____ Fee Exempt or Fee Not Required

Comments _____ Log Completed _____

Processed by: _____