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, NMSB-B

SUBJECT: VOIDED Amendment APPLICATION

Applicant: Providence Hospital

License No.: 50-17838-01

Control No.: 471754

Docket No.: 030-13426

Reason for Void:
Case merged with MC#471725

Reviewer: Jim Montgomery **\RA**
Date: 4/8/08

Licensing Assistant:_____
Date:

Attachment:
Official Record Copy of Voided Action

FOR LFMB USE ONLY

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

Comments:

Log Completed ❑

Processed By:_____