UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 EAST LAMAR BOULEVARD, SUITE 400
ARLINGTON, TEXAS 76011-4125

VOID SHEET

TO: License Fee and Accounts Receivable Branch

FROM: Region IV, DNMS, NMSB-B

SUBJECT: VOIDED Amendment APPLICATION

Applicant: Providence Alaska Medical Center

License No.: 50-17838-01

Control No.: 471829

Docket No.: 030-13426

Reason for Void:
Case merged with MC#471797
Reviewer: Jim Montgomery **\RA**
Date: 7/22/08

Licensing Assistant:_____
Date:

Attachment:
Official Record Copy of Voided Action
or
ML Control No. of Voided Action:ML081710207

FOR LFMB USE ONLY

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

Comments:

Log Completed ❑
Processed By:_____