Void Sheet

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

Control Number: 317186

Applicant: SGOH Acquisitions, Inc. / d/b/a Doctors Hospital Springfield

License Number: 24-32358-01

Docket Number: 03035879

Date Voided: July 21, 2008

Reason for Void: The licensee failed to submit sufficient information for a "change in ownership". Only one party signed the request and we need additional information regarding the ownership change. The licensee was sent a request for additional information and copies of the " change of control" information form in Appendix G of NUREG-1556, Volume 9, Revision 2. Left phone message for Dr. Kester, RSO concerning the above.

W.P. Reichhold

W.P. Reichhold July 21, 2008

Signature **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: _____