

Void Sheet

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

Control Number: 317607

Applicant: Providence Hospital

License Number: 21-02802-03

Docket Number: 030-02022

Date Voided: December 22, 2008

Reason for Void: The licensee did not submit sufficient or complete information to support the amendment request. There was too much missing information to complete the review of the amendment request. The licensee was sent a letter requesting additional information. The licensee may resubmit their request under Voided Control 317607.

W. P. Reichhold
W.P. Reichhold December 22, 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: _____