

**Void Sheet**

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

Control Number: 317896

Applicant: Providence Hospital

License Number: 21-02892-03

Docket Number: 030-02022

Date Voided: April 1, 2009

Reason for Void: The licensee failed to submit all of the information requested in the "additional information" request. The licensee only responded to 2 out of 5 items that were requested and the new information appears to be more confusing than the original. Also, it appears that the new facility that they requested to the license has the wrong address. The licensee may resubmit their request as additional information to voided control 317896. Too much missing information and inaccurate information. Requesting that the licensee resubmit their amendment request with complete and accurate information.

*W. P. REICHHOLD*

*W.P. Reichhold*

Signature

*2 APRIL 2009*

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: \_\_\_\_\_