VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317862

Applicant: Excelsior Springs Medical Center

License Number: 24-32234-01

Docket Number: 030-35302

Date Voided: April 14, 2009

Reason for Void: There is no need to amend this license for NARM as regulations and license cover it already. Notice was faxed to RSO on 4/14/09.

Colleen Carol Casey 4/14/09
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: _____