

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Material Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: 318084

Applicant: St. John Hospital & Medical Center

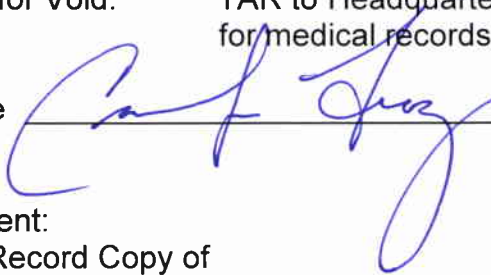
License Number: 21-03210-01

Docket Number: 030-02028

Date Voided: 7/01/09

Reason for Void: TAR to Headquarters for review- Request to use electronic system for medical records.

Signature

 \_\_\_\_\_

7/1/09  
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: \_\_\_\_\_

\_\_\_\_\_