

Void Sheet

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

Control Number: 318336

Applicant: Lee Memorial Hospital

License Number: 21-32287-01

Docket Number: 030-35603

Date Voided: September 1, 2009

Reason for Void: The licensee did not sign their amendment request. According to NUREG-1556, Volume 9, Revision 2, "Certification", unsigned requests will be returned to the licensee for proper signature. Requested that the licensee resubmit their request with a proper signature and additional information for new facility diagram.

W. P. REICHHOLD
W.P. Reichhold **September 1, 2009**

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: _____