

**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: \_\_\_\_\_