

Void Sheet

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

Control Number: 318650

Applicant: Cardiac Specialists of St. Luke's Hospital

License Number: 24-32734-01

Docket Number: 030-38192

Date Voided: January 14, 2010

Reason for Void: Insufficient information to issue a new license. Licensee sent a list of deficiencies and a NUREG-1556, Volume 9, Revision 2 guidance document.

W.P. Reichhold 15 JANUARY 2010
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: _____