

**Void Sheet**

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

Control Number: 319026

Applicant: Emma L. Bixby Medical Center

License Number: 21-03194-01

Docket Number: 030-02027

Date Voided: July 1, 2010

Reason for Void: The licensee failed to submit sufficient information to complete the review of their amendment request. The licensee needs to choose different pathways to add a new user/RSO. The licensee may resubmit their request as additional information to VOIDED CONTROL 319026.

*W. P. Reichhold*  
W.P. Reichhold July 1, 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: \_\_\_\_\_