

**Void Sheet**

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

Control Number: 573678


Applicant: Children's Hospital of Michigan

License Number: 21-03298-05

Docket Number: 030-13166

Date Voided: December 15, 2010

Reason for Void: Unable to issue an amendment because the licensee has not changed ownership at this time. Letter of consent to change ownership issued to licensee. They need to respond within 30 days after ownership change is completed.

  
W.P. Reichhold December 15, 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: \_\_\_\_\_