VOID SHEET

TO: License Fee Management Branch

FROM: RIII - **James R. Mullauer**

SUBJECT: VOIDED APPLICATION

Control Number: **573974**

Applicant: **Ionia County Memorial Hospital**

License Number: **License No. 21-32431-01**

Docket Number: **Docket No. 030-36163**

Date Voided: **January 11, 2011**

Reason for Void: **This licensee notified the NRC of a change of control of licensed activity, however, no changes were to be made to the license. The new controlling entity has committed to abide by all constraints and requirement of the current license. Since no changes are to be to this NRC license, this action is voided.**

Jim Mullauer 1/11/11

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:_____