

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED AMENDMENT REQUEST

Control Number: 574911

Applicant: Northern Shared Medical Services

License Number: 48-32697-01

Docket Number: 030-37826

Date Voided: April 18, 2011

Reason for Void: The amendment request was merged with another amendment request for the same licensee; control no. 574463.

Ara A. B. Forster
Signature

04/18/2011
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: _____