

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: \_\_\_\_\_