

VOID SHEET

TO: License Fee Management Branch
FROM: RIII - Materials Licensing Branch
SUBJECT: VOIDED AMENDMENT REQUEST

Control Number: 574839

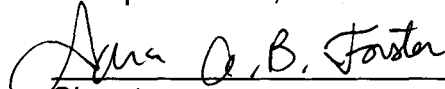
Applicant: Indiana University Health Goshen Hospital

License Number: 13-18845-01

Docket Number: 030-314254

Date Voided: May 11, 2011

Reason for Void: The amendment request has previously been entered into the LTS system, and has been combined with another request from the same licensee. Accordingly, the review will be conducted under the open action, Control No. 574488. This action is hereby voided.


Signature

05/11/2011
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: _____