VOID SHEET

TO: License Fee Management Branch

RIII - COLLEEN CAROL CASEY FROM:

SUBJECT: VOIDED APPLICATION

Control Number:

Applicant:

License Number:

Docket Number:

Date Voided:

SUNE 2, 2011 The licenses acknowledged that Decommissioning Reason for Void: Financial Assurance impart of proposed amendment weeds further or will re-submit at a later Date, assessmen leen Carol Casey

574637

030-32695

24-00513-39

CURATORS UNIVERSITY OF MISSOURI

Attachment: Official Record Copy of Voided Action

FOR LFMB USE ONLY	E	OR	LEN	<u>1B L</u>	JSE	ONL	Y
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Refund Authorized and processed

No Refund Due

Fee Exempt or Fee Not Required

Comments:

Log completed _____

Date⁻

Processed by: