

**Void Sheet**

TO: License Fee Management Branch  
FROM: Region 3  
SUBJECT: VOIDED APPLICATION

Control Number: 575352

Applicant: Battle Creek Health System

License Number: 21-01354-04

Docket Number: 030-13899

Date Voided: June 29, 2011

Reason for Void: The licensee requested changing their ownership. Unable to amend the license until the change occurs. Sent the licensee an NRC change of control consent letter.

*W. P. REICHHOLD*

*W.P. Reichhold*

June 29, 2011

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: \_\_\_\_\_