

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: 575810

Applicant: St. Joseph Health Center

License Number: 24-15159-01

Docket Number: 030-08664

Date Voided: November 11, 2011

Reason for Void: This amendment request was rescinded by licensee on November 11, 2011, until additional supporting information is made available. A new request is being submitted concurrent with this action.

Dennis P. O'Leary
Signature

11/10/11
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: _____