

Void Sheet

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

Control Number: 577971

Applicant: St. Mary's Medical Center

License Number: 13-03226-04

Docket Number: 030-20812

Date Voided: October 16, 2012

Reason for Void: The licensee reorganized their corporate structure at an upper levels that did not affect the NRC licensed hospital and activities. No need for a "consent" letter for reorganization of corporation at upper level.

W. P. Reichhold

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10/16/2012

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: _____