

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 580 865

Applicant: Children's Mercy Hospital

License Number: 24-15513-01

Docket Number: 030-09259

Date Voided: 7/23/13

Reason for Void: The amendment request was made in error. This specific license is unrelated to the use of 10CFR 31.11 materials under a general license registration. VOID letter is being sent to RSO.

Colleen Carol Casey 7/23/13  
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: \_\_\_\_\_