

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: _____