VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: <u>582871</u>

Applicant: Community Health Network, Inc.

License Number: <u>13-06009-01</u>

Docket Number: <u>030-10625</u>

Date Voided: 3/27/14

Reason for Void: The licensee requested to add a new location of use and this request was incorporated with the renewal review (CN 582780). Therefore, this action is hereby voided.

Signature

3/27/14 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 ____