VOID SHEET

TC:	License ree Hanagement Erand	cn	
FROM:	Offstura		
SUBJECT:	VOIDED APPLICATION		
Control Numb	er: 396402		
Applicant:	Harpes 165P	and the second s	
Date Voided:	3/8/94		
Reason for V	oid:		
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in. C.	hang in contact	+ ye son only	4
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CONTRACTOR AND INCOME.	argad, som det over på de de de men med stade ett i å Grandell å mel med med de med ett med at med at med grande som (at men ett ett ett ett ett ett ett ett ett e		
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		Signature	3/7/ 97 Sate
Attachment:			
Official Re	cord Copy of		
FOR LEMB US	E ONLY		
Final Revie	ew of VUID Completed:		
C) Dof	und Authorized and processed		
-	Refund Due		
(73	Exempt or Fee Not Required		
LJ ree	exempt of rec not negotive		
Comments:	9404070217 940308	Log completed	FI
220	PDR ADOCK 03013380 C PDR	Processea by:	HIMA

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INFORMATION FROM LTS BETWEEN: PROGRAM CODE: 03510
STATUS CODE: 0
FEE CATEGORY: 3E
EXP. DATE: 19940531
FEE COMMENTS:
DECOM FIN ASSUR REQD: N LICENSE FEE MANAGEMENT BRANCH, ARM REGIONAL LICENSING SECTIONS LICENSE FEE TRANSMITTAL FEB 2 2 1994 REGION APPLICATION ATTACHED APPLICANT/LICENSEE: RECEIVED DATE: DOCKET NO: CONTROL NO.: LICENSE NO.: ACTION TYPE: HARPER HOSPITAL 940203 3013380 396402 21-04127-07 Delinguent Fil AMENDMENT FEE ATTACHED CHECK NO. : J. COMMENTS SIGNED P. Deggaff. 1. FEE CATEGORY AND AMOUNT: 30 CALL COLOR CONCES CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR: RENEWAL OTHER SIGNED 2/16/94

	2/2	
DATE:	2/3	
	the second contract of	natural services in the co

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER:	John
LICENSEE:	John Harper Hosp
LICENSE NUMBER:	21-04127-02, -06, -07
MAIL CONTROL NUMBER:	
is not clear what accorrespondence and in	pondence has been received from the above licensee and it tion(s) is(are) required: Please review this ndicate which of the following applies, and please return, as soon as possible.
Additional Info	rmation to Control No new action, additional information, and no fee required.
Process as new Control No. combined with c	licensing action. Review has already been started on and this information cannot be urrent in-house action.
Can be combined started.	with Control No Review has not been
Appears to be a	(n) This is a Mailing advers Chings mendment required for contact e? Should I shange 275 to refere
Nother: ka	mendment required for contact
Chang.	e Should I change LTS to reflect
these	changes & place in respective files?

Thanks For Your Help!!!



January 27, 1994

U. S. Juclear Regulatory Commission Region III 801 Warrenville Road Lisle, Illinois 60532

Attention: Licensing Department

Re: Harper Hospital

License No. 21-04127-02 License No. 21-04127-06 License No. 21-04127-07

Dear Sir/Madam:

We are requesting that any and all NRC mailings for Harper Hospital be sent to Shirley L. Green, Vice President Patient Services. Having everything directed to Mrs. Green will help expedite payments and decrease response time on all correspondence to the NRC. Please direct all mailings to:

Shirley L. Green Vice President Patient Services Harper Hospital 3990 John R Detroit, MI 48201

RECEIVED BY LFDCB

If you have any questions, please write or call me at 313-745-8905.

Sincerely,

Shirt Then

Shirley L. Green Vice President Patient Services

SLG:jr

RECEIVED

FEB 0 3 1994

REGION III

CONTROL NO. 396402

FEB 3 1994

Harper Hospital
3990 John R Detroit, Michigan 48201 313.745.8040