

VOID SHEET

TO: License Fee Management Branch

FROM: Region IV

SUBJECT: VOIDED APPLICATION

Control Number: 421022

Applicant: Dept. of Health + Human Serv.

Date Voided: 7/30/90

Reason for void: Amendment

Unnecessary. Contact person
is same as requested.

Billie Gruszynski 7/30/90
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

Comments: _____

Log completed
Processed by: M. Kassen ^{MLAO}

9011010109 900730
REGA LIC30
MATLSLICENSING PDR

RECEIVED

'90 AUG -3 P2:44

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

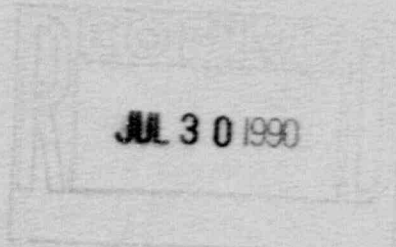
Program Code: 03620
Status Code: 0
Fee Category: EX 3P
Exp. Date: 19921031
Fee Comments: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTH & HUMAN SERV., DEPARTMENT OF
Received Date: 900725
Docket No.: 3019593
Control No.: 421022
License No.: 42-09764-02
Action Type: Amendment



2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date 7/26/90

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

