SR\

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

30-1600

SUBJECT: VOIDED APPLICATION

Control Number 19790

Applicant Good Samaritan Hosp

Date Voided 11/25/85

Reason for Void Amend not needed

Signature P M Vacherlon

Attachment:
Application

OK LPMS
no fee collected

OK Sept 23 III Epc

CHECKED DEC 2 1985

19790

DEC 2 RECD

ML 30

1/1