NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

30-1496

Control Number 79663

Applicant MACNEAL MEMORIAL Hospital

Date Voided 12/10/85

Reason for Void LICENSEE REQUESTED VOID/WITHDRAWAL OF REQUEST IN LETTER DATED 12/3/85

Signature D J Bradon

Attachment:
Application

Voided after review. No fee Collected

OK LFMS

ML 3 1/1