NOTE TO: License Fee Management Branch, ADM

FROM: Region 4

SUBJECT: VOIDED APPLICATION

Control Number 461530

Applicant Bethany General Hospital

Date Voided 11/13/87

Reason for Void Applicant did not respond to Deficiency Letter.

Signature Jay D. Marshall

Attachment:
Application

OR-PMB
no fee pd (EA-
1701; Cat 9)

NRC
1/1

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REG4 LIC30
35-23159-01 PNU