

NOTE TO: License Fee Management Branch, ADM

FROM: Region 4

SUBJECT: VOIDED APPLICATION

Control Number

461292

Applicant

Deaconess Hospital

Date Voided

2/12/87

Reason for Void

Reviewer said change
will be included on
request for renewal.

Signature

Jeff A. Marshall

Attachment:
Application

OK L P M B

B707210407 B70217
REG4 LIC30
35-21106-01 PDR

1/1
ENC 40