

Void Sheet

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control Number: 575352

Applicant: Battle Creek Health System

License Number: 21-01354-04

Docket Number: 030-13899

Date Voided: June 29, 2011

Reason for Void: The licensee requested changing their ownership. Unable to amend the license until the change occurs. Sent the licensee an NRC change of control consent letter.

W. P. REICHOLD

W.P. Reichhold

Signature

June 29, 2011

Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

_____ Refund Authorized and processed

_____ No Refund Due

_____ Fee Exempt or Fee Not Required

Comments _____ Log Completed _____

Processed by: _____