

VOID SHEET

TO: License Fee Management Branch

FROM: Region IV

SUBJECT: VOIDED APPLICATION

Control Number: 400264 I DA-264

Applicant: Eastern Idaho Junior Institute

Date Voided: 11/19/92

Reason for Void: \_\_\_\_\_

This is Idaho license who will  
need an "040" docket number  
instead of "030". M/C # 464488  
will complete conversion of this  
Idaho license.

Billie Muszynski 11/19/92  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- ☐ Refund Authorized and processed
- ☒ No Refund Due
- ☐ Fee Exempt or Fee Not Required

130008  
Comments: \_\_\_\_\_

Log completed ☐

Processed by: JAC 12/14/92

Niranjan K. Parekh, M.D.  
Radiation Oncologist

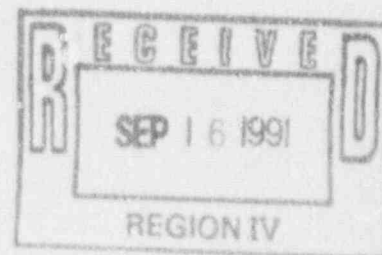
Telephone (208) 522-0110  
FAX (208) 529-5419

*Eastern Idaho Tumor Institute*

2640 Channing Way  
Idaho Falls, Idaho 83404

IDA-264

September 6, 1991



To Whom It May Concern:

B. Rodney Jabola, M. D. is no longer affiliated with our institute.

Thank You,

Carol Mead, Office Manager

NOV 30 1991

Eastern Idaho Tumor Institute  
ATTN: N. K. Parekh, M.D.  
2640 Channing Way  
Idaho Falls, Idaho 83404

Docket No. 030-32289  
License No. IDA-264  
Control No. 400264

Gentlemen:

This is to acknowledge receipt of your application for renewal of the byproduct material license identified above. Your application is deemed timely filed and, accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Original Signed By  
Billie Gruszynski

Billie Gruszynski (Ms.)  
Nuclear Materials Licensing Section

RIV:NMLS  
JDBurks *JDBurks*  
4/9/92

NMLS *BG*  
BGruszynski  
4/9/92

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LTS

PROGRAM CODE: 11210  
STATUS CODE: 3  
FEE CATEGORY: \_\_\_\_\_  
EXP. DATE: 0  
FEE COMMENTS: \_\_\_\_\_

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: EASTERN IDAHO TUMOR INSTITUTE  
RECEIVED DATE: 910426  
DOCKET NO: 3032289  
CONTROL NO.: 400264  
LICENSE NO.:  
ACTION TYPE: NEW LICENSEE

2. FEE ATTACHED  
AMOUNT: 4  
CHECK NO.: 4

3. COMMENTS

SIGNED  
DATE

*Billie Gusszynski*  
4/26/91

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED /\_/)

1. FEE CATEGORY AND AMOUNT: \_\_\_\_\_  
2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT \_\_\_\_\_  
RENEWAL \_\_\_\_\_  
LICENSE \_\_\_\_\_  
3. OTHER \_\_\_\_\_

SIGNED  
DATE

\_\_\_\_\_  
\_\_\_\_\_