

NOTE TO: License Fee Management Branch, ADM

FROM: Region 4

SUBJECT: VOIDED APPLICATION

Control Number

461765

Applicant

V.A. Medical Ctr.

Date Voided

1/13/88

Reason for Void

Amendment not  
required.

Signature

Jay A. Marshall

Attachment:  
Application

8803080443 880113  
REG4 LIC30  
30-01747-02 PDR

1/1  
ML40