

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: 315066

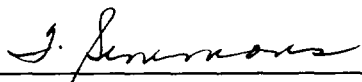
Applicant: PHC-Charlestown, LP d/b/a Medical Center of Southern Indiana

License Number: 13-23665-01

Docket Number: 030-29670

Date Voided: January 19, 2006

Reason for Void: This action could not be completed because the request did not contain enough information to go forward. The reviewer discussed the information needed with the licensee contact on January 18, 2006. The licensee will pursue this request at a later date. Therefore, this action is voided.


Signature

Date 1/19/06

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: _____
