

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 315025

Applicant: Menitas Health Corporation

License Number: 24-32275-01

Docket Number: 030-35628

Date Voided: 2/8/06

Reason for Void: The application was too deficient to complete processing. References transmitted to RSO on 2/8/06. Re-activate request upon receipt of response.

Colleen Carol Casey 2/8/06  
Signature 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: \_\_\_\_\_