

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315073

Applicant: St. Francis Medical Center

License Number: 24-00158-03

Docket Number: 030-02269

Date Voided: 3/3/06

Reason for Void: No amendment to license is needed. The letters dated 11/29/05 + 10/13/05 are for information only.

Colleen Carol Casey 3/3/06
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: _____