

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315548

Applicant: PORT HURON HOSPITAL

License Number: 21-20137-01

Docket Number: 030-18005

Date Voided: 7/27/06

Reason for Void: Original letter replaced by ltr. dated
7/20/06 under different signatory. Original ltr. dtd 7/1/06
voided + 7/20/06 ltr. controlled in as replacement, to be assigned
to me also.
Colleen Carol Casey 7/27/06
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: _____