

VOID SHEET

TO: License Fee Management Branch

FROM:

RIII -

Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

3/6281

Applicant:

St. Alexius Hospital

License Number:

24-01381-01

Docket Number:

030 - 02303

Date Voided:

8/20/07

Reason for Void:

Licenses could not respond to deficiencies transmitted on 7/30/07 in timely manner. Re-activate upon receipt of response.

Signature

Colleen Carol Casey

Date

8/20/07

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: _____