

VOID SHEET

TO: License Fee Management Branch

FROM:

RIII -

Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

316 347

Applicant:

St. Joseph Health Center

License Number:

24-15159-01

Docket Number:

030 - 08664

Date Voided:

8/20/07

Reason for Void:

Action was combined into 316270 because
proposed AV in 316347 needed authorization in conjunction with
request in 316270.

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: _____