

**VOID SHEET**

TO: License Fee Management Branch

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control number: 316349

Applicant: ST. JOHN MACOMB HOSPITAL

License Number: 21-01190-05

Docket Number: 030-02005

Date Voided: September 14, 2007

Reason for Void: The licensee failed to sign their amendment request, and did not include the information required for an ownership change. The licensee may resubmit request as additional information to voided control 316349.

*W. P. Reichhold*

*W. P. Reichhold*

September 14, 2007

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: \_\_\_\_\_