

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316339

Applicant: Goshen General Hospital

License Number: 13-18845-01

Docket Number: 030-14254

Date Voided: 9/18/07

Reason for Void: The application is too deficient to process. Proposed AMP  
needs - 1 more year of T&E to qualify. LSO agreed to void for now. Re-activate  
upon receipt of written response to deficiencies, probably - Aug-Sept. 2008.

Colleen Carol Casey 9/18/07  
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: \_\_\_\_\_