

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 575050

Applicant: Heartland Regional Medical Center

License Number: 24-18287-01

Docket Number: 030-14791

Date Voided: JULY 25, 2011

Reason for Void: The licensee needs a little time to respond to deficiency and prefers to void this for the time being. Re-activate upon receipt of written response.

Colleen Carol Casey
Signature

7/25/11
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: _____