

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - 575092

SUBJECT: VOIDED APPLICATION

Control Number:

Applicant:

License Number:

Docket Number:

Date Voided:

Reason for Void:

SSM De Paul Health Center
(575092)
24-02490-03
030-02308
7/31/2011
The letter dated 4/28/11 was too deficient to
complete processing + letter requesting additional information has been
sent. Reactivate upon receipt of written response.

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: _____