

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

576192

Applicant:

Heartland Regional Medical Center

License Number:

24-18287-01

Docket Number:

030-14791

Date Voided:

1/5/2012

Reason for Void:

This response was too incomplete to process and it appears a misunderstanding took place. Licensee agreed to void until resolved and better response sent soon.

Colleen Carol Casey

Signature

1/5/2012

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: \_\_\_\_\_