

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 313824

Applicant: Gratiot Community Hospital

License Number: 21-03429-04

Docket Number: 030-13998

Date Voided: 1/14/2005

Reason for Void: The application was deficient and licensee did not respond to deficiencies, they need more time. Void until response received and re-activate at that time.

Signature: Colleen Carol Casey

Date: 1/14/05

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: