

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 313 739

Applicant: Bon Secours Cottage Health Services

License Number: 21-16868-01

Docket Number: 030-11777

Date Voided: Dec. 9, 2004

Reason for Void: The application was too vague and deficient to process. Deficiencies were transmitted on Dec. 7, 2004. Re-activate upon receipt of response.

Colleen Carol Casey 12/9/04
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: _____