

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 313876

Applicant: St John's Hospital Springfield

License Number: 24-00866-02

Docket Number: 030-02285

Date Voided: 1/19/05

Reason for Void: The letter was too deficient to continue to process. Deficiencies transmitted to PSO on 1/19/05 + void agreed to. Re-activate should response be received.

Colleen Carol Casey 1/19/05
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: _____