

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 313918

Applicant: Hendricks Regional Health

License Number: 13-17082-01

Docket Number: 030-12163

Date Voided: 2/16/05

Reason for Void: The application letter's requests were incomplete and unclear. Licensee's consultant will revise and re-submit after reviewing deficiency correspondence sent today.

Colleen Carol Casey Signature 2/16/05 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: _____