

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 313905

Applicant: Ball Memorial Hospital

License Number: 13-00951-03

Docket Number: 030-01586

Date Voided: 2/13/05

Reason for Void: The application letter was deficient to process. Deficiencies communicated to the licensee in a fax + by phone. Reactivate upon receipt of a response.

Colleen Carol Casey 2/13/05  
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: \_\_\_\_\_

\_\_\_\_\_