

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 314163

Applicant: St. Cloud Hospital

License Number: 22-10258-01

Docket Number: 030-02241

Date Voided: 3/11/05

Reason for Void: This letter overlaps into 314006 request +, for the sake of licensing economy, will be combined into review for 314006. A more timely review will result. Void letter 7/8/05 & combine into 314006.

Colleen Carol Casey 3/11/05
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: _____