

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 314189

Applicant: Health East - St. Joseph's Hospital

License Number: 22-01448-01

Docket Number: 030 - 02200

Date Voided: 4/29/05

Reason for Void: This action was combined into renewal 313855 for the sake of licensing economy.

Colleen Carol Casey
Signature

4/29/05
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: _____