

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - CASSANDRA FRAZIER

SUBJECT: VOIDED APPLICATION

Control Number: 314455

Applicant: DICKINSON COUNTY MEMORIAL HOSPITAL

License Number: 21-18889-01

Docket Number: 030-17318

Date Voided: MAY 25, 2005

Reason for Void: The licensee's contact person, Shan Marletto, left a voicemail message for reviewer C. Casey on 5/25/05, withdrawing this request because it is not necessary or appropriate for this licensee.

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: \_\_\_\_\_