

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 314419

Applicant: WILLIAM Beaumont Hospital

License Number: 21-01333-01

Docket Number: 030-02006

Date Voided: 7/8/05

Reason for Void: This action was combined into 314419 for the sake of licensing economy and a more timely review.

Signature: Colleen Carol Casey Date: 7/8/05

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: