

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 314431

Applicant: HARPER HOSPITAL DIVISION

License Number: 21-04127-06

Docket Number: 030-09376

Date Voided: JULY 15, 2005

Reason for Void: This action has been thru 2 deficiency rounds since 5/17/05 + is now on a third. It's 90 days is approaching and the licensee will need time to address the remaining deficiency appropriately. Reactivate upon receipt of response.

Colleen Carol Casey 7/15/05  
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: \_\_\_\_\_