

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 314 456

Applicant: Edward W. Spanow Hospital

License Number: 21-01430-01

Docket Number: 030-02009

Date Voided: 8/3/05

Reason for Void: <sup>proposal #114P</sup> The application is too deficient to complete processing and licensee needs time to obtain additional required training & experience. Re-activate upon receipt of response.

Colleen Carol Casey 8/3/05  
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: \_\_\_\_\_