

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 314924

Applicant: Health East - St. John's Hospital

License Number: 22-24441-01

Docket Number: 030-28586

Date Voided: 1/13/06

Reason for Void: Licensee needs additional time to respond to deficiencies in 12/30/05 telecon, due to circumstances beyond its control.

Re-activate upon receipt of response; review should continue under 10 CFR Subpart J because it began under Subpart J (see 10/18/05).

Colleen Carol Casey 1/13/06
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: _____