

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 314 962

Applicant: DAVIES COMMUNITY HOSPITAL

License Number: 13-16138-01

Docket Number: 030-10475

Date Voided: 1/26/06

Reason for Void: The licensee needs to complete key sections of application and my attempts to reach RSO by phone were unsuccessful. Deficiencies have been transmitted. Re-activate upon receipt of response.

Colleen Carol Casey

Signature

1/26/06

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: _____
