

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315073

Applicant: St. Francis Medical Center

License Number: 24-00158-03

Docket Number: 030-02269

Date Voided: 3/3/06

Reason for Void: No amendment to license is needed. The letters dated 11/29/05 + 10/13/05 are for information only.

Colleen Carol Casey 3/3/06  
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: \_\_\_\_\_