

**VOID SHEET**

TO: License Fee Management Branch

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control number: 315159

Applicant: THE COMMUNITY HOSPITAL

License Number: 13-15882-01

Docket Number: 03009964

Date Voided: March 27, 2006

Reason for Void: THE LICENSEE'S REQUEST TO ADD A PHYSICIAN USER IS TOTALLY DEFICIENT. THIS REQUEST IS VOIDED AT THIS TIME TO ALLOW THE LICENSEE ADDITIONAL TIME TO REVIEW THE REQUIREMENTS AND RESUBMIT A AMENDMENT REQUEST THAT IS COMPLETE AND ACCURATE.

*W. P. Reichhold*

*W. P. Reichhold*

March 27, 2006

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: \_\_\_\_\_