

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 315343
Applicant: DICKINSON COUNTY MEMORIAL HOSPITAL
License Number: 21-18889-01
Docket Number: 030-17318
Date Voided: MAY 18, 2006
Reason for Void: Licensee requested a void and will need more time to prepare an appropriate response. Re-activate upon receipt of response.
Colleen Carol Casey 5/18/06
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: _____