

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315548

Applicant: PORT HURON HOSPITAL

License Number: 21-20137-01

Docket Number: 030-18005

Date Voided: 7/27/06

Reason for Void: Original letter replaced by ltr. dated 7/20/06 under different signatory. Original ltr. dtd 7/1/06 voided + 7/20/06 ltr. controlled in as replacement, to be assigned to me also.

Colleen Carol Casey 7/27/06  
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: \_\_\_\_\_