

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315714

Applicant: Moberly Regional Medical Center

License Number: 24-18695-01

Docket Number: 030-14054

Date Voided: 12-13-2006

Reason for Void: The application was too deficient to process.
Re-activate upon submission of written response.

Colleen Carol Casey 12/13/2006
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: _____
