

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315743

Applicant: Liberty Hospital

License Number: 24-16178-01

Docket Number: 030-10532

Date Voided: 12/27/06

Reason for Void: The application was too deficient to complete processing. Licenses will respond to deficiencies in call made on 12/22/06 - re-activate upon receipt of response.

Colleen Carol Casey 12/27/06
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: _____