

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315738  
Applicant: REID HOSPITAL & HEALTH CARE SERV.  
License Number: 13-03284-02  
Docket Number: 030-01614  
Date Voided: 12/21/06  
Reason for Void: No amendment to the license is either  
necessary or appropriate. Licensee has been informed of this  
in telecon record this date.  
Colleen Carol Casey 12/21/06  
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: \_\_\_\_\_