

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315820

Applicant: Gutson General Hospital

License Number: 13-18524-01

Docket Number: 030-13826

Date Voided: Feb. 1, 2007

Reason for Void: Licensee was unable to provide a written response to deficiencies sent 1/18/07. Re-activate upon receipt of response.

Colleen Carol Casey Signature 2/1/07 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: \_\_\_\_\_

\_\_\_\_\_