

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316021

Applicant: SSM DePaul Health Center

License Number: 24-02490-03

Docket Number: 030-02308

Date Voided: Feb. 26, 2007

Reason for Void: This response should have been added to 315884 instead of being separately controlled in. It is being voided & combined into 315884 as a result.

Colleen Carol Casey 2/26/07  
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: \_\_\_\_\_