

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Karin Null

SUBJECT: VOIDED APPLICATION

Control Number: 31594

Applicant: Midwest Health Systems

License Number: 21-26168-01

Docket Number: 030-31647

Date Voided: 3/9/07

Reason for Void: License did not submit any info. re:

the proposed users T & E. Will FAX form 313A for
35105 to 08. Licensee agreed to re-submit at a later date

Karin A. Null 3/9/07
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: _____
