

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316259

Applicant: St John Hospital & Medical Center

License Number: 21-03210-01

Docket Number: 030-02028

Date Voided: 5/24/07

Reason for Void: This letter was intended for another recipient to close out a different licensing. It was processed and assigned to me by mistake. I will ensure it reaches intended recipient.

Colleen Carol Casey
Signature

5/24/07
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: _____