

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316119

Applicant: Mid Michigan Medical Center

License Number: 21-01549-02

Docket Number: 030-02013

Date Voided: 6/15/07

Reason for Void: This amendment required a TAR by NMSS, which is pending completion. I have another action for same license under 316228 that I am combining this request into for the sake of licensing economy and continuity of review.

Colleen Carol Casey 6/15/07
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: _____