

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316281

Applicant: St. Alexius Hospital

License Number: 24-01381-01

Docket Number: 030-02303

Date Voided: 8/20/07

Reason for Void: Licenses could not respond to deficiencies transmitted on 7/30/07 in timely manner. Re-activate upon receipt of response.

Colleen Carol Casey 8/20/07
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: _____