

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316 347

Applicant: St. Joseph Health Center

License Number: 24-15159-01

Docket Number: 030 - 08664

Date Voided: 8/20/07

Reason for Void: Action was combined into 316270 because proposed AV in 316347 needed authorization in conjunction with requests in 316270.

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: \_\_\_\_\_

\_\_\_\_\_