

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316339

Applicant: Goshen General Hospital

License Number: 13-18845-01

Docket Number: 030-14254

Date Voided: 9/18/07

Reason for Void: The application is too deficient to process. Proposed AMP needs - 1 more year of T&E to qualify. LSO agreed to void for now. Re-activate upon receipt of written response to deficiencies, probably - Aug-Sept. 2008.

Colleen Carol Casey 9/18/07
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: _____