

VOID SHEET

TO: License Fee Management Branch

FROM:

RIII -

Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

316 373

Applicant:

Southeast Missouri Hospital

License Number:

24-00128-03

Docket Number:

030-02264

Date Voided:

9/21/07

Reason for Void:

Action combined into 316346

for sake of licensing economy.

Signature

Colleen Carol Casey

Date

9/21/07

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: \_\_\_\_\_