

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - James R. Mullauer

SUBJECT: VOIDED APPLICATION

Control Number: 316494

Applicant: St. John Macomb Hospital

License Number: 21-01190-05

Docket Number: 030-02005

Date Voided: 11/15/07

Reason for Void: The reviewer spoke to Jim Botti, RSO for the licensee, and after several discussions, no additional information was received. This was discussed with Mr. Botti, and he agreed that this action should be voided. When all the necessary information is available from the licensee, the licensee will resubmit their request. Therefore, this action is voided.

Jim Mullauer 11/16/07
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: _____