VOID SHEET

License Fee Management Branch

TO:

FROM: RIII - <u>James R. Mullauer</u>
SUBJECT: VOIDED APPLICATION
Control Number: <u>316495</u>
Applicant: St. John Oakland Hospital
License Number: <u>21-11494-01</u>
Docket Number: 030-02101
Date Voided: <u>11/15/07</u>
Reason for Void: The reviewer spoke to Ray Carlson, RSO for the licensee, and after several discussions, no additional information was received. This was discussed with Mr. Carlson, 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. 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: