

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - _____

SUBJECT: VOIDED APPLICATION

Control Number: 316666

Applicant: St. John Oakland Hospital

License Number: 21-11494-01

Docket Number: 030-02101

Date Voided: 1-11-08

Reason for Void: Combined with Control
Number 316797 (assigned to James Mullins)

Sean J. Hunter 1-11-08
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: _____