

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316786

Applicant: SSM De Paul Health Center

License Number: 24-02490-03

Docket Number: 030-02308

Date Voided: 3/31/08

Reason for Void: Application letter was too deficient to complete processing. Deficiencies transmitted 3/31/08. Re-activate when written response received.

Colleen Carol Casey 3/31/08
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: _____
