

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316 896

Applicant: Midwest Health Professionals

License Number: 24-32391-01

Docket Number: 030-35989

Date Voided: 5/5/08

Reason for Void: The licensee's request was not signed by anyone & it did not direct us to change the license in any way. The licensee also wants to add an injection room and so void was agreed upon.

Colleen Carol Casey 5/5/08
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: _____