

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317024

Applicant: Bochwell Regional Health Center

License Number: 24-16275-01

Docket Number: 030-10715

Date Voided: 6/23/08

Reason for Void: The application letter was too deficient to complete processing. Re-activate upon receipt of a written response.

Colleen Carol Casey 6/23/08  
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: \_\_\_\_\_