VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317031

Applicant: Woodlawn Hospital

License Number: 13-20338-01

Docket Number: 030-18270

Date Voided: 6/26/08

Reason for Void: The application letter was deficient and I could not reach applicant by phone to get a response. An interim RSO is in place. Re-activate upon receipt of a written response.

Colleen Carol Casey 6/26/08

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: _____

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