

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317197

Applicant: ST. JOSEPH HEALTH SYSTEM

License Number: 13-00418-02

Docket Number: 030-01581

Date Voided: 8/13/08

Reason for Void: Licensee was contacted for additional information on 5/30/08, which was revised. Licensee agreed to void, for now, as no amendment for NARM is really needed. Name change may be addressed at a later date.

Colleen Carol Casey 8/13/08
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: _____