

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317164

Applicant: Saint Joseph Regional Medical Center

License Number: 13-02650-02

Docket Number: 030-13685

Date Voided: 8/15/08

Reason for Void: The licensee has a new RSO and would like to review

these requests in conjunction with 317334. This action is being voided +
combined into 317334.

Colleen Carol Casey

Signature

8/15/08

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: _____