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 8/15/08

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:**_____