

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317196

Applicant: North Kansas City Hospital

License Number: 24-18628-01

Docket Number: 030-13966

Date Voided: 8/26/08

Reason for Void: The application was too deficient to completely process - reactivate upon receipt of a written response to deficiency letter this date.

Colleen Carol Casey 8/26/08  
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: \_\_\_\_\_