

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317268

Applicant: The Community Hospital

License Number: 13-15882-01

Docket Number: 030-09964

Date Voided: 9/8/08 (9/6/08 in mail)

Reason for Void: This request is being combined into the pending review of 317 316, for the sake of licensing economy. The licensee is responding to my request for additional information in order to streamline the license so it is not time-urgent.

Colleen Carol Casey 9/6/08
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: _____