

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

317521

Applicant:

Saint Margaret Mercy Healthcare Center

License Number:

13-02047-02

Docket Number:

030-01602

Date Voided:

12/23/08

Reason for Void:

The requested deficiency information cannot be provided timely so void for now & reactivate upon receipt of response.

Colleen Carol Casey

Signature

12/23/08

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: _____