VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Collien Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317972

Applicant: The Care Group, LLC

License Number: 13-19923-01

Docket Number: 030-19538

Date Voided: 6-1-09

Reason for Void: Insufficient information was given to complete processing. Deficiencies sent 6/1/09. Re-activate when written response is received.

Collien Carol Casey 6/1/09

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: _____