VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 318099

Applicant: St. Luke's Hospital.

License Number: 24-01570-03

Docket Number: 030-02305

Date Voided: 6/2/09

Reason for Void: The application was too deficient to process. Deficiencies transmitted on 6/1/09. Re-activate upon receipt of written response.

Colleen Carol Casey 6/2/09

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: _____