

Void Sheet

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control Number: 318263

Applicant: Dearborn County Hospital

License Number: 13-17327-01

Docket Number: 030-12564

Date Voided: June 23, 2009

Reason for Void: This document was logged in as a new request in error. The document is the "hard copy" of the licensee's response for additional information for the request in Control 318105. OK to void.

W.P. REICHHOLD

W.P. Reichhold

June 23, 2009

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: _____