

**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: \_\_\_\_\_