

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 318210

Applicant: UNION HOSPITAL, INC.

License Number: 13-16457-01

Docket Number: 030-11072

Date Voided: 8/26/09

Reason for Void: The application was too incomplete to process;
licensee's consultant agreed to void for now and indicated RSC
will decide whether to pursue request further next week,

Colleen Carol Casey 8/26/09
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: _____