VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 318389

Applicant: Community Hospitals of Indiana Inc.

License Number: 13-06009-01

Docket Number: 030-01625

Date Voided: 11-2-09

Reason for Void: The application letter was too deficient to complete processing. Deficiencies were transmitted via fax on 11-2-09. Reactivate upon receipt of written response.

Colleen Carol Casey 11-2-09

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: _____