

Void Sheet

TO: License Fee Management Branch
FROM: Jose Macatangay
SUBJECT: VOIDED APPLICATION

Control Number: 318607

Applicant: Gratiot Medical Center

License Number: 21-03429-04

Docket Number: 030-13998

Date Voided: 01/07/2010

Reason for Void: Submitted information was not sufficient to grant amendment request. Information required to approve AU would require a lot of time to gather.

Jose Macatangay
Signature

01/07/2010
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: _____