

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 318530

Applicant: CRITTENDON HOSPITAL

License Number: 21-13562-01

Docket Number: 030 - 02157

Date Voided: JAN. 11, 2010

Reason for Void: The licensee's application was too deficient to complete processing. Deficiencies were sent via fax on Jan 8, 2010 + discussed with licensee's consultant 12/12/09. Re-activate upon receipt of written response

Colleen Carol Casey 1/8/2010
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: _____