

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 318556

Applicant: Du Pont Hospital

License Number: 13-32291-01

Docket Number: 030 - 35608

Date Voided: JAN. 7, 2010

Reason for Void: The application was too deficient in a key area to complete processing into an amendment. Deficiencies were faxed to point of contact consultant on 1/7/2010. Re-activate upon receipt of written response.

Signature: Colleen Carol Casey Date: 1/7/2010

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: