

Void Sheet

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

Control Number: 318727

Applicant: Christian Hospital

License Number: 24-13383-01

Docket Number: 030-02382

Date Voided: 04/05/2010

Reason for Void: Submitted information was not sufficient to grant amendment request. Information required to approve AU for 35.400 material would require more time to gather.

Jose Macatangay
Signature
ff 4/6/10

04/05/2010
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: _____