VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 318832

Applicant: Crittendon Hospital

License Number: 21-13562-01

Docket Number: 030-02157

Date Voided: 5/4/2010

Reason for Void: The application is to deficient to complete processing; Deficiencies transmitted to licensee's consultant per letter dated 2/2/10. Re-activate upon receipt of written request.

Colleen Carol Casey 5/4/2010

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: _____