

Void Sheet

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control Number: 573075

Applicant: St. Vincent Hosp. & Health Care Center

License Number: 13-00133-02

Docket Number: 030-01579

Date Voided: August 20, 2010

Reason for Void: This action is a duplicate of control 573058.- OK to void this action.

W.P. Reichhold
W.P. Reichhold August 20, 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: _____