

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 573661

Applicant: SSM DE PAUL HEALTH CENTER

License Number: 24-02490-03

Docket Number: 030-02308

Date Voided: OCT. 8, 2010

Reason for Void: The letter does not provide sufficient information to discern what amendment is needed. Void letter sent on Oct. 8, 2010 after telephone attempts to reach licensee were unsuccessful.

Colleen Carol Casey 10/8/2010  
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: \_\_\_\_\_