VOID SHEET

573299

MERITAS HEALTH C.OBRORATION

24-32275-01

030-35628

NOV. 7, 2010

TO: License Fee Management Branch

RIII - Colleen Carol Casey FROM:

SUBJECT: VOIDED APPLICATION

Control Number:

Applicant:

License Number:

Docket Number:

Date Voided:

Reason for Void:

by due late + VOID was agreed to.

olleen Carollesey 11-7-10 Signature Date

Processed by:

The litenses could not resolve deficiencies

Attachment: Official Record Copy of Voided Action

FOR	LF	MB	USE	ONL	Y
-----	----	----	-----	-----	---

____ Refund Authorized and processed

____ No Refund Due

____ Fee Exempt or Fee Not Required

Comments:	Log completed	