

Void Sheet

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

Control Number: 573677

Applicant: Harper University Hospital

License Number: 21-04127-02

Docket Number: 030-02045

Date Voided: December 14, 2010

Reason for Void: Unable to issue an amendment because the licensee has not changed ownership at this time. Letter of consent to change ownership issued to licensee. They need to respond within 30 days after ownership change is completed.

W. P. REICHHOLD

W.P. Reichhold

Signature

December 14, 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: _____