

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

573580

Applicant:

Pontiac Osteopathic Hospital

License Number:

21-04081-03

Docket Number:

030-02041

Date Voided:

DEC. 18, 2010

Reason for Void:

The licensee's letter was too deficient to complete processing. A deficiency letter is being sent. Re-evaluate upon receipt of a written response.

Signature

Colleen Carol Casey

Date

12/18/10

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: \_\_\_\_\_