

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 573746

Applicant: Premier Healthcare, LLC

License Number: 13-32020-01

Docket Number: 030-34523

Date Voided: 1/19/11

Reason for Void: This letter was replaced by a new letter

received Jan 5, 2011, which expands request. Both the letter +  
new one are very deficient but I will work from the new letter over  
it is controlled in as an amendment request.

Colleen Carol Casey  
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: \_\_\_\_\_