VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 574093

Applicant: SSM DePaul Health Center

License Number: 24-02490-03

Docket Number: 030-02308

Date Voided: 3/1/11

Reason for Void: De application was too deficient to process. Deficiencias transmitted on 3/1/11. Re-activate upon receipt of written response.

Colleen Carol Casey 3/1/11

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: _____