

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 574057

Applicant: St Joseph Health Center

License Number: 24-15159-01

Docket Number: 030-08664

Date Voided: 3/1/11

Reason for Void: The application was too deficient to process. Deficiencies transmitted on 3/1/11. Re-activate upon receipt of ~~the~~ 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: _____