

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 574352

Applicant: STATE OF MICHIGAN

License Number: 21-05199-02

Docket Number: 030-07188

Date Voided: APRIL 30, 2011

Reason for Void: I cannot amend the license as requested.

A "sister" license would be adversely affected if I did. Deficiencies transmitted to licensee to correct situation have been sent

Colleen Carol Casey 4/30/11  
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: \_\_\_\_\_