

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

574766

Applicant:

Mc Laren Regional Medical Center

License Number:

21-04171-04

Docket Number:

030-02048

Date Voided:

6/23/11

Reason for Void:

The letter dated 3/23/11 was too deficient to  
complete processing and attempt to contact license by telephone  
was unsuccessful. May re-activate upon receipt of a written response.

Colleen Carol Casey

Signature

6/23/11

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: \_\_\_\_\_