

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number 575223

Applicant: Borgess Medical Center

License Number: 21-12275-02

Docket Number 030-02115

Date Voided: 8/17/11

Reason for Void: The letter was too deficient to complete processing. Re-activate upon receipt of written response.

Colleen Carol Casey 8/17/11
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: _____