

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 577433

Applicant: SOUTHEAST MISSOURI HOSPITAL

License Number: 24-0012803

Docket Number: 030-02264

Date Voided: MAY 21, 2012

Reason for Void: This action is being voided + combined into 577433 for the sake of licensing economy + to afford an earlier review.

Colleen Carol Casey
Signature

5/21/12
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: _____