

Void Sheet

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control Number: 577348

Applicant: Community Memorial Hospital (Cheboygan)

License Number: 21-20250-01

Docket Number: 030-19514

Date Voided: May 31, 2012

Reason for Void: Combined control 577348 amendment with control 577548 termination.

W.P. Reichhold
W.P. Reichhold 5/31/2012
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: _____