

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 577984

Applicant: BORGESS MEDICAL CENTER

License Number: 21-12275-02

Docket Number: 030-02115

Date Voided: JULY 26, 2012

Reason for Void: The licensee's letter was too deficient and incomplete to work with. Acting Branch Chief directed me to void this action.

Colleen Carol Casey
Signature

7/26/12
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: _____