

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: 584701

Applicant: Wabash County Hospital

License Number: 13-18570-01

Docket Number: 030-13881

Date Voided: October 29, 2014

Reason for Void: The licensee requested that the renewal be rescinded because the licensee plans to terminate the license in January 2015. An amendment has been completed to extend the expiration date (see CN 585107) to 9/30/2015.

Joyce L. Serrano
Signature

10/29/14
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: _____
