VOID SHEET

TO: License Fee Management Branch

FROM: Region IV

SUBJECT: VOIDED APPLICATION

Control Number: 400276

Applicant: Monte Community Hospital

Date Voiced: 7/9/92

Reason for Void:

Incorporated in conversion process (MC# 403008). No review accomplished.

[illegible] 7-9-92

Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- [ ] Refund Authorized and processed
- [ ] No Refund Due
- [ ] Fee Exempt or Fee Not Required

Did not receive - Not on Log

Comments: [illegible]

Log completed [ ]

Processed by: [illegible]

ML40

9207290411 920709
REG4 LIC30
MATLSLICENSING PDR

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02120
STATUS CODE: 3
FEE CATEGORY: _____
EXP. DATE: 0
FEE COMMENTS: _____

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: MORITZ COMMUNITY HOSPITAL
RECEIVED DATE: 910426
DOCKET NO: 3032210
CONTROL NO.: 400276
LICENSE NO.:
ACTION TYPE: NEW LICENSEE

2. FEE ATTACHED
AMOUNT /
CHECK NO.: /

3. COMMENTS

SIGNED Jacqueline O Burke
DATE 7-9-92

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED /__/)

1. FEE CATEGORY AND AMOUNT: _____

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT _____
RENEWAL _____
LICENSE _____

3. OTHER _____
_____

SIGNED _____
DATE _____