

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 576192

Applicant: Heartland Regional Medical Center

License Number: 24-18287-01

Docket Number: 030-14791

Date Voided: 1/5/2012

Reason for Void: This response was too incomplete to process and it appears a misunderstanding took place. Licenses agreed to void until resolved and better response is sent soon.

Colleen Carol Casey 1/5/2012
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: _____