

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 315561

Applicant: Research Medical Center

License Number: 24-18625-01

Docket Number: 030-13959

Date Voided: 7/14/06

Reason for Void: The application letter is very deficient + cannot be processed further. Licensee was apprised of deficiencies in voicemail message on 7/14/06 + advised of void. Re-activate upon receipt of written response.

Colleen Carol Casey 7/14/06
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: _____