

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: 315559

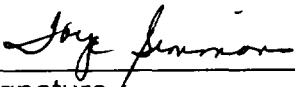
Applicant: Hackley Hospital

License Number: 21-04125-01

Docket Number: 030-02044

Date Voided: September 21, 2006

Reason for Void: The licensee did not provide sufficient information to complete a review of this request. A deficiency fax was sent to the contact person on September 21, 2006. This action is voided without prejudice.


Signature

9/21/06
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: _____
