

030-04361
13-06028-01

NOTE TO: License Fee Management Branch, ADM

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control Number 78919

Applicant Indiana State Board of Health

Date Voided 05/24/85

Reason for Void Combined with Control

Number 78851

Signature [Signature]

Attachment:
Application

EX 3P
OK LFMB
may-17-III

8509110503 850910
REG3 LIC30
13-06028-01 PDR

ML3010