

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 313915
Applicant: Advanced Medical Testing Systems
License Number: 24-25953-01
Docket Number: 030-30735
Date Voided: 2/10/05
Reason for Void: The licensee needs time to address deficiencies transmitted 2/10/05. Re-activation upon receipt of a written response.
Colleen Carol Casey 2/10/05
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: _____