

VOID SHEET

TO: License Fee Management Branch

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control number: 314169

Applicant: TRUMAN MEDICAL CENTER

License Number: 24-25816-01

Docket Number: 030-30130

Date Voided: April 11, 2005

Reason for Void: The licensee failed to submit sufficient information to complete the review of their request to add a new RSO. I discussed this with the Clinical Chief of Diagnostic Radiology, Dr. Finke and agreed that we should void this request to allow them time to collect the information needed to change the RSO. OK to void request at this time.

W. P. Reichhold

W. P. Reichhold

April 11, 2005

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: _____