

VOID SHEET

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control number: 314212

Applicant: ARTINIAN, CHARLES GARY, M.D.

License Number: 21-32510-01

Docket Number: 030-36568

Date Voided: May 20, 2005

Reason for Void: The licensee submitted a fax letter dated 5/19/05, stating that they do not wish to add the new location of use at this time. Ok to void request. Licensee may reapply at a later date. Ray Carlson the licensee's consultant called and explained that they still wish to followup on this amendment and submitted information in fax dated 5/19/05. However, this the information was inadequate and the request was not signed. Still need additional information licensee needs more time to respond. Will void at this time and reactivate when we receive additional information.

W.P. Reichhold
W. P. Reichhold

May 20, 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: _____