

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315227

Applicant: Michigan Community Blood Centers

License Number: 21-26512-01

Docket Number: 030-33234

Date Voided: 5/4/06

Reason for Void: Licensee needs additional time to respond to deficiency letter dated 4/28/06. Re-activate upon receipt of response.

Colleen Carol Casey 5/4/06
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: _____