

**VOID SHEET**

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

Control number: 315629  
Applicant: River Cities Cardiology  
License Number: 13-26510-01  
Docket Number: 030-33227  
Date Voided: October 31, 2006

Reason for Void: The licensee submitted an very deficient amendment request. The licensee was sent a deficiency letter, however, due to a heavy work load they were unable to submit a timely response. Licensee requested more time to respond, so this action is voided at this time. The licensee may reactive their request when we receive their written response.

*W. P. REICHHOLD*  
*W. P. Reichhold*

October 31, 2006

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: \_\_\_\_\_