

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315617

Applicant: Mitras Cardiovascular Consultants, Inc.

License Number: 24-32451-01

Docket Number: 030-36260

Date Voided: 11-2-06

Reason for Void: Unauthorized signatory. An authorized signatory, per 10CFR 35.12, will re-sign + resubmit request - re-activate amendment at that time.

Colleen Carol Casey  
Signature

11/2/06  
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: \_\_\_\_\_

\_\_\_\_\_