

VOID SHEET

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

Control number: 315643

Applicant: Complete Health Systems

License Number: 21-32543-01

Docket Number: 030-36714

Date Voided: November 8, 2006

Reason for Void: The licensee needed more time to respond to deficiencies in their amendment request. The licensee may resubmit request as additional information to voided control 315643,

W. P. REICHHOLD

W. P. Reichhold

November 8, 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: _____