

VOID SHEET

TO: License Fee Management Branch

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control number: 315955

Applicant: COMPLETE HEALTH SYSTEMS

License Number: 21-32543-01

Docket Number: 030-36714

Date Voided: March 19, 2007

Reason for Void: THE LICENSEE SUBMITTED A CLOSE-OUT SURVEY OF THE WRONG FACILITY. THEY SUBMITTED A CLOSE-OUT SURVEY OF THE MAILING ADDRESS RATHER THAN THE LOCATION OF USE. LICENSEE NEEDS TO SUBMIT A CLOSE-OUT SURVEY OF THEIR LOCATION OF USE, NOT THEIR MAILING ADDRESS. LICENSEE MAY RESUBMIT REQUEST AS ADDITIONAL INFORMATION TO VOIDED CONTROL 315955.



W. P. Reichhold

March 19, 2007

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: