

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316134

Applicant: Oncology Institute of Greater Lafayette

License Number: 13-32087-01

Docket Number: 030-34812

Date Voided: 4/13/07

Reason for Void: The licensee's request is too deficient and incomplete to process. Licensee agreed to void until a more complete request can be prepared and submitted. Reactivate at that time.

Colleen Carol Casey 4/13/07
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: _____
