VOID SHEET

TO: License Fee Management Bran	3ranch
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FROM: **RIII - Materials Licensing Branch**

SUBJECT: **VOIDED APPLICATION**

Control Number: 316398

Uday Shah, M.D., F.A.C.C. Applicant:

License Number: 12-32651-01

Docket Number: 030-37519

September 17, 2007 Date Voided:

Reason for Void:

The applicant withdrew the request for a new medical license. Signature $\frac{q_{17}}{Date}$

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: _____