VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Collen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317771

Applicant: Center for Diagnostic Imaging

License Number: 13-32194-01

Docket Number: 030-35142

Date Voided: 3/11/09

Reason for Void: Request is too deficient to process. Deficiencies transmitted in fax this date. Reactivate upon receipt of written response.

Collen Carol Casey 3/11/09

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: _____