VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317919

Applicant: Anil K. Goel, MD

License Number: 21-32683-01

Docket Number: 030-37802

Date Voided: 5/11/09

Reason for Void: Application letter is too incomplete to process. Deficiencies transmitted to licensee this date. Re-activate upon receipt of written response.

Colleen Carol Casey 5/11/09

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: _____