VOID SHEET

TO: License Fee Management Branch

FROM: RIII - **James R. Mullauer**

SUBJECT: VOIDED APPLICATION

Control Number: **318898**

Applicant: **Barnes Jewish St. Peter's Hospital**

License Number: **24-18968-01**

Docket Number: **030-17414**

Date Voided: **5/12/10**

Reason for Void: **The reviewer spoke to the licensee's consultant, Richard Keys on 5/12/10 who informed the reviewer that the requested information on Dr. Gupta is not available at this time. Mr. Keys asked that this request be voided and when the requested information is available, he will resubmit in a new amendment request. Therefore, this request is voided.**

James Mullauer 5/11/10

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:_____