Void Sheet

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control Number: 319030

Applicant: Union Assoc. Physicians Clinic, LLC

License Number: 13-32039-01

Docket Number: 030-34580

Date Voided: July 14, 2010

Reason for Void: This licensee requested an ownership change however did not submit any of the required information needed to complete the review of this type of amendment request. The licensee may resubmit their request as additional information to voided control 319030.

W. P. Reichhold

W.P. Reichhold July 14. 2010

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: _____