VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 318992

Applicant: Oncology Hematology Associates of S.W. Indiana

License Number: 13-32700-01

Docket Number: 030-37836

Date Voided: 7/14/10

Reason for Void: Application was too deficient to complete processing and licensee did not need amendment urgently - deficiency letter requested + prepared this date.

Colleen Carol Casey 7/14/10

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: _____