

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 licenses did not need amendment urgently - deficiency letter requested + prepared this date.

Colleen Carol Casey
Signature

7/14/10
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: _____