

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 573 881

Applicant: Cardiology Diagnostics, Ltd.

License Number: 24-32314-01

Docket Number: 030-35804

Date Voided: 2/7/11

Reason for Void: The request was too incomplete to process and issue. A "void" letter was sent 2/7/11. Re-activate upon receipt of written response.  
Colleen Carol Casey 2/7/11

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: \_\_\_\_\_