Duplicate Copy

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

Control Number 83723

Applicant Basha Radiology

Date Voided 2/26/88

Reason for Void Non-Response to deficiency letter

Signature [illegible]

Attachment:
Application

8805050251 880226
REG3 LIC30
21-20416-01 PDR