

CHECKED DEC 2 1985

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

Control Number

78979

Applicant

Ofofodie, M.D.

Date Voided

11/18/85

Reason for Void

Combined with

C/W 380038 after

review.

Signature

W. ADAM

Attachment:
Application

DEC 2 REC'D

B604090282 851118
REG3 LIC30
21-16979-01 PDR

OK WMS
to Jackson
(fee not collected
because license
expired in the meantime
& a new license was
applied for)

OK DEC 2 REC'D

Done
Previously

m 230
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