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long
JEP

Note To: License Fee Management Section, ADM

From: Region I

Subject: VOIDED APPLICATION

Control Number

119853

Applicant

Deborah Cardiovascular Res. Inst.

Date Voided

11-5-86

Reason for Void:

Licensee requested withdrawal of
termination. See letter dated
10-30-86.

SLJ

Signature

11-6-86

Date

Attachment:
Official Record Copy
of Voided Action

OK LFMBS
no fee paid

///
ML10