

DEC 11 1987

Neil J. Farkas, D.O., P.C.  
1498 Walton Boulevard  
Rochester, MI 48063

Gentlemen:

Enclosed is Check No. 1080 (\$580) which accompanied your application dated November 20, 1987 for a materials license. Since your letter dated December 2, 1987 withdrawing your application was received prior to the Licensing staff commencing its review, the fee is being returned.

Sincerely,

Signed by:  
Glenda Jackson

Glenda Jackson  
License Fee Management Branch  
Division of Accounting and Finance  
Office of Administration and  
Resources Management

Enclosure:  
Check No. 1080 (\$580)

DISTRIBUTION:  
File Copy  
CPhillips, LFMB  
ARM/DAF R/F  
LFMB R/F (2)  
DW/RIII/Farkas

8712240017 871207  
REG3 LIC30 PDR

OFFICE: ARM/LFMB *SP*  
SURNAME: CPhillips:rej  
DATE: 12/11/87

ARM/LFMB *GJ*  
GJackson  
12/11/87

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LMS

PROGRAM CODE: \_\_\_\_\_  
STATUS CODE: 3  
FEE CATEGORY: \_\_\_\_\_  
EXP. DATE: 0  
FEE COMMENTS: \_\_\_\_\_

LICENSE FEE TRANSMITTAL

A. REGION III

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: FARLAS D.O., NEIL J.  
RECEIVED DATE: 871127  
DOCKET NO: 3030321  
CONTROL NO.: 384494  
LICENSE NO.:  
ACTION TYPE: NEW LICENSEE

2. FEE ATTACHED

AMOUNT: 580.00  
CHECK NO.: 1080

3. COMMENTS

SIGNED 2.01  
DATE 12/1/87

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 151)

1. FEE CATEGORY AND AMOUNT: 1C \$580 Check returned

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT \_\_\_\_\_  
RENEWAL \_\_\_\_\_  
LICENSE ✓ \_\_\_\_\_

*Appel  
withdrawn  
prior to rev.*

3. OTHER \_\_\_\_\_

SIGNED CPH/BJ  
DATE \_\_\_\_\_

FAMILY MEDICINE

(313) 852-1365

NEIL J. FARKAS, D.O., P.C.  
OSTEOPATHIC PHYSICIAN AND SURGEON

1498 WALTON BLVD • ROCHESTER HILLS MICHIGAN 48063