

RENEWAL APPLICATION

I hereby apply for the renewal of my License As
 A Physician
 for the period from 02/01/1987 to 01/31/1989

under the provisions of Title 26 Chapter 23 V.S.A. LICENSE NUMBER 42-0005990
 I enclose the amount for as follows \$ 100.00

IMPORTANT: YOU MUST SIGN THE REVERSE SIDE OF THIS CERTIFICATE OR YOUR LICENSE WILL NOT BE RENEWED

SMITH SUSAN MD
 UNIV ASSOC IN OB/GYN
 87 MAIN ST
 ESSEX JCT VT 05452

[Handwritten Signature]

23/8/81

HEAD REVERSE FIRST

SPECIAL INSTRUCTIONS

DURING THE PREVIOUS 2 YEARS, HAVE YOU: A YES REQUIRES AN EXPLANATION
 please circle either yes or no

- Had any treatment for mental illness? YES NO
- Had any convictions other than minor traffic violations? YES NO
- Had an addiction to or been treated for drug or alcohol abuse? YES NO
- Had another state deny or take action against your license? YES NO
- Had any final unfavorable liability judgements or settlements? YES NO
- Had any hospital privileges denied, conditioned or revoked? YES NO
- Recently started practicing in VT? YES NO Specify Date.

... certifies that he or she has paid the tax due, the tax ... by the Commissioner of ... an unreasonable

... with respect to or in full ... of this application.

12/18/86

Susan Smith

... to check with us

... or name.