

## RENEWAL APPLICATION

I hereby apply for the renewal of my license as  
 A Physician  
 for the period from 01/01/1987 to 01/31/1989

under the provisions of Title 26, Chapter 23 V.S.A. LICENSE NUMBER 42-0006255  
 I enclose the correct fee as follows \$ 100.00

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

LYON EDD G MD

140 HOSPITAL DRIVE  
 BENNINGTON

VT 05201

## 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:

...as well as the fact that he or she is a resident of the State of California, the tax liability of the decedent is not a liability of the estate, but an individual liability.

...of the estate.

...in full of the application.

1/29/87

Edd G. Lyon *ms*

...with us

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