lical Board of California – Physician's and Sur LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW			
BOWERS, MARCI L	G88634	01/31/14	\$808.00			
LICENSEE MUST CHECK CORRECT BOXES	"D"	SIGNATURE	REQUIRED	he made after the sone two love t		
Completed Continuing Education		I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary				
E" Change of Address (fill in reverse side)	• · · · · · · · · · · · · · · · · · · ·	attached hereto, are true, complete and accurate.				
Conviction Disclosure -	-					
Conviction Disclosure ~	Signature	ni L. Bone		24/13		
F" Family Physician Training Program (\$25)	h, and you and the last can can an an an and the state of		LO UNE UNE UNE UNE ALL COLE AND COLE AND			
G" Financial Interest Statement	EN	TER YOUR PHONE NU	MBER FOR REFERENCE:			
	01-11-1-0000000000					
301070000070000600088634101	որաորորդերոր	10000000				

Street Address (this address is public information except when a PO Box is used for the public address of record; this address then becomes confidential)

BOWERS, MARCI L

State

State

Zip

Zip

G88634

CHANGE OF MAILING ADDRESS

PO Box (if used, must provide a confidential physical street address, above)

OLIBERT THROUGH PREIDED

City

City

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	POSTMARKED AFTER MARCH 01, 2016		
BOWERS, MARCI L	G88634	01/31/16	\$820.00	\$898.00		
Completed Continuing Education Change of Address (fill in reverse side) Conviction Disclosure — Conviction Disclosure — Family Physician Training Program (\$25) Grandial Interest Statement-Read instructions about	statements, and attached hereto	I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate. Signature Date Date Date ENTER YOUR PHONE NUMBER FOR REFERENCE:				
301070000070006000 88634101	01317P00085000	00888000				
CHANCE OF MAILING ADDRESS	τ.	ROWERS, MARCI I.		G88634		

Street Address (this address is public information except when a PO Box is used for the public address of record; this address then becomes confidential)

Zip

State

State

11132015 20000015 20010009

PO Box (if used, must provide a confidential physical street address, above)

City

City

CENSE NO.	EXPÍRATION DATE		POSTMARKED AFTER
8634	01/31/18	DUE NOW \$820.00	MARCH 02, 2018 \$898.00
statements, attached he	ander penalty of perjury under the answers, and representations or reto, are true, complete and acc	e laws of the State on this form, including urate.	ate 11/1/17
•	"D" I declare ur statements, attached he	*D" SIGNATURE I declare under penalty of perjury under the statements, answers, and representations or attached hereto, are true, complete and accomplete a	"D" SIGNATURE REQUIRED I declare under penalty of perjury under the laws of the State o statements, answers, and representations on this form, includin attached hereto, are true, complete and accurate.

BOWERS, MARCI L

State

Zip

G88634

CHANGE OF ADDRESS (Only if different from address above)

CONFIDENTIAL STREET ADDRESS (Required if PO Box used above for Address of Record)

ADDRESS OF RECORD (Required)

Address Line 1

Address Line 2

Address Line 3

Address Line 1

Address Line 2

Address Line 3

City

City