

RENEWAL APPLICATION

I hereby apply for the renewal of my LICENSE
PHYSICIAN

AS A/AN

for the period from 01/31/81 to 01/31/82

under the provisions of Title 26, Chapter 23 V.S.A. LICENSE NUMBER 42-0005419

I enclose the correct fee as follows: \$ 50.00

DATE 12-11-80

SIGNATURE Philip F Waterman II MD

WATERMAN PHILIP F II MD
[REDACTED]