

RENEWAL APPLICATION

I hereby apply for the renewal of my **LICENSE**
PHYSICIAN

AS A/AN

for the period from **01/31/82** to **01/31/83**

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 1-8-82

SIGNATURE Philip F. Waterman II MD

WATERMAN PHILIP F II MD

