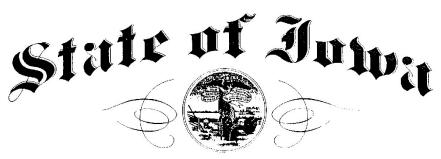
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## CERTIFICATE OF LICENSE

## OSTEOPATHIC MEDICINE AND SURGERY

THIS IS TO CERTIF	TY that Susan Carol Abendschein Ha	skell, D.O. residing at Des Moines
County of Polk	State of Iowa	_has given evidence of having received a diploma from
_	College of Osteopathic Medicin	e and Surgery
in the State of Iowa	on the 6th day of June	1980, and submitted Certificate No. 7366
issued by National the Iowa law,	Board of Examiners THE STATE BOARD OF MED	, and further complied with all the requirements of DICAL EXAMINERS
Under the provisions of allegally authorized to practice to practi	n Act regulating the practice of Osteopathic ctice Osteopathic Medicine and Surgery in th	Given under the hands and Seal of the State Department of Health of the State of Iowa,  at Des Moines, on the 27th day of October in the year one thousand nine hundred and eighty-one.  Commissioner of Public Health

This Certificate valid only when renewal fee is paid as specified by law.