

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF DALTON**

I, the undersigned herewith present certificate or license No. _____
to be recorded by the Clerk of the Town of Dalton, Massachusetts.

I intend to conduct the practice of (medicine, podiatry, optometry, electrolysis) in the
Town of Dalton.

My office or usual place of business is _____
(No. and Street)

The required fee of \$25.00 is herewith tendered.

Date _____

Signature: _____

Print Name: _____

(For office use only)

Dalton, Massachusetts

In accordance with the provisions of Sections eight, twenty-one, seventy-one
and eighty-seven of Chapter 112 of the General Laws, I hereby certify that
Dr. _____ has this day exhibited a certificate, certified statement
or license No. _____ issued under the authority of the laws of the
Commonwealth of Massachusetts and has paid the required fee of \$25.00.

Barbara L. Suriner
Town Clerk