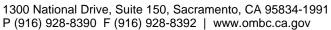


BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA





QUARTERLY REPORT OF COMPLIANCE

` .	rint or type)							
NAME:	LAST			FIRST		MIDDLE		
RESIDE	NCE ADDRESS	S: NUMBER	STREET	CITY	STATE	PHONE:		
OFFICE	ADDRESS:	NUMBER	STREET	CITY	STATE	PHONE:		
NAME C	OF EMPLOYER	, PARTNER, C	OR ASSOCIATE FIRST	(if any, and as may	be appropriate): MIDDLE			
ADDRES	SS: NUMBE	R	STI	REET CI	 ГҮ	STATE		
C: 41	1004 000040010000	1 1.					ES	NO
	nast quarterly re n detail, if answe	•	iad any problem	securing or main	aming employi	nent! r	E3	NO
		Γ QUARTERL	Y REPORT, HA	VE YOU BEEN	ARRESTED, C	CHARGED, OR C	ONVICTED C	OF ANY
VIO	LATION OF:							
((a) Federal or St	ate statute, count	y, or city ordinanc	e?			YES	NO
((b) Federal or St	tate law pertainin	g to the furnishing	g or using of narcot	cs or dangerous	drugs?	YES	NO
2. Have	you complied wit	th each and every	condition of the t	erms of probation?			YES	NO
		-		-			1123	NO
Explain ar	ny YES answer to	question (1) or a	ny NO answer to o	question (2):				
						hic Medical Boar		
						der the laws of the all statements ma		
						cause for revocati		
-								
,	Your Signature					Date		