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CARL DONALD KOUTSKY, M. D. This certifies that_____ having fulfilled all the requirements of the State of Oregon and possessing the prescribed qualifications, is hereby granted a License to practice medicine in the State of Oregon.

> LICENSE NUMBER 8464 DATE ISSUED _ 5/14/73

Your engrossed license will be forwarded to you at a later date. Please notify this Board in writing if you change your business

address.

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seal

Howard I.

Howard I. Bobbitt Executive Secretary Board of Medical Examiners State of Oregon

STATE OF OREGON; COUNTY OF KLAMATH; ss. CARL DONALD KOUTSKY Filed for record at request of . this <u>6th</u> day of <u>JUNE</u> A. D., 19.73 at <u>10:13</u> o'clock <u>A. M.</u>, and duly recorded in, of PHYSICIAN'S CERTIFICATE n Page 6953 Vol. M 73 WM. D. MILNE. County Clerk By <u>Herzel Drazil</u> FEE \$ 2.00