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STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE
SECRETARY'S OFFICE
EASTSIDE PROFESSIONAL BUILDING
RFD 3, BOX 461, WATERVILLE, MAINE 04901
TEL. (207) 873-2184

April 4, 1983

Robert E. Pucelik, M.D.
Box 111
Independence, Iowa 50644

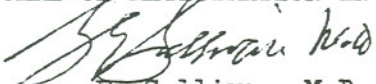
Dear Doctor Pucelik:

The Board of Registration in Medicine has voted to renew your license to practice medicine in the State of Maine on the condition that you remain in full compliance with the terms and conditions set forth in the Informal Settlement entered into by yourself and the Iowa State Board of Medical Examiners on January 7, 1982 and with the terms and conditions set forth in the Order of the Commission of Public Health dated January 12, 1982 in the matter of the Complaint and Statement of Charges against you.

The return of one signed copy of this letter to the Board will serve as a memorial of agreement between you and the Board that you accept the above conditions for licensure renewal.

Failure to adhere to the conditions of this agreement will be considered grounds for suspension or revocation of your license to practice medicine in the State of Maine.

BOARD OF REGISTRATION IN MEDICINE


George E. Sullivan, M.D., Secretary

I, Robert E. Pucelik, M.D., accept the terms and conditions set forth above by the Board of Registration in Medicine for the renewal of my license to practice medicine in the State of Maine.

Dated: 4/15/83


Robert E. Pucelik, M.D.