

IMPORTANT NOTICE!

Renew Your  
DENTIST'S LICENSE

MAIL THIS CARD AND RENEWAL FEE OF \$4.00 TO

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS, SACRAMENTO 14, CAL.

You are hereby notified that your License expires April 30, 1945, and unless said License is Renewed same becomes subject to Revocation and such other penalties as may be prescribed by law. Failure to pay said Renewal Fee by

MAY 1, 1945 will subject your license to a restoration fee of \$10.00

\* \* \* \* \*

Application is hereby made for Renewal of License. Annual Renewal Fee is enclosed.



Mail this card with  
Your Remittance

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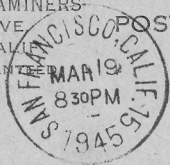
Signature

The name and address on reverse side is that which appears on our records. If not correct, BE SURE TO MAKE PROPER CORRECTION ON THIS CARD.

RETURN TO:  
BOARD OF DENTAL EXAMINERS  
515 VAN NESS AVE  
SAN FRANCISCO, CALIF.

RETURN POSTAGE GUARANTEED

6851



POST CARD

GIVE



RED CROSS  
WAR FUND



333

KYUSHIRO HOMMA, DDS  
12-K-12 EAST AMACHE BRANCH  
LAMAR, COLORADO

4-4-44