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Dale R. Holdiman, MD Chairperson Iowa Board of Medical Examiners 400 SW 8<sup>th</sup> Street, Suite C Des Moines, IA 50309-4686

RE: Voluntary Surrender: Iowa Medical License No. 22946

Dear Dr. Holdiman:

You are hereby notified that in accordance with the provisions of section 148.8, Code of lowa this letter shall constitute my written statement of intention to voluntarily surrender the enclosed lowa license to practice medicine and surgery, which was issued to me on the 1st day of July, 1982, as evidenced by certificate number 22946, recorded in the permanent records in the office of the lowa Board of Medical Examiners.

You are further notified that I hereby affirm my decision not to engage in the practice of medicine and surgery as a physician in the State of Iowa and I hereby absolve and release the Iowa Department of Public Health and the Iowa Board of Medical Examiners from any further right, claim, or title to the enclosed certificate of license, and to any of the rights, privileges and honors pertaining thereto. I further understand that I am not eligible to reapply for medical licensure in the State of Iowa. This document is a public record and pursuant to federal law must be reported to the National Practitioner Data Bank.

This written statement of my intention to voluntarily surrender my medical license is being signed by me on this 744 day of 4000 ft, 2000, as my own voluntary act and deed.

HOUDRY. MD

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Enclosure: Certificate of License Medicine and Surgery # 22946