

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE AND SURGERY

I, Arthur H. Daniels M. D., after being fully advised
of my rights, do hereby freely execute this document and choose to take
the actions described herein.

I, Arthur H. Daniels, M. D., do hereby voluntarily
surrender my license to practice medicine and surgery, No 6440, to the
Ohio State Medical Board.

I understand that as a result of the surrender herein that I am no longer
permitted to practice medicine or surgery in any form or manner.

Signed this 8 day of March, 1979 in the office of
Rosothy Gaylord.

Arthur H. Daniels M.D.

[Signature]
Witness

[Signature]
Witness

Sworn to and signed before me this 8 day of March, 1979.

Rosothy Gaylord
Notary Public