

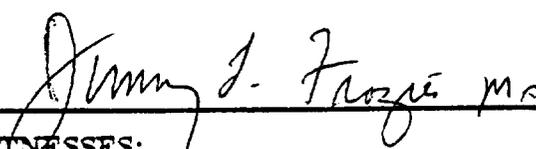
After being full advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

- In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;
- In view of my desire to terminate handling of controlled substances listed in schedule(s) 2 and 2N ;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) 2 and 2N as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) above. Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) 3, 3N, 4 and 5 ).

I waive refund of any payments made by me in connection with my registration.

~~I understand that I will not be permitted to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatever, until such time as I am again properly registered.~~

NAME OF REGISTRANT (Print)		ADDRESS OF REGISTRANT	
Jimmy L. Frazier, M.D.		1401 Salem Avenue Dayton, OH. 45406	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL		DATE	DEA REGISTRATION NO.
		7/29/82	AF 3028481
WITNESSES:			
NAME AND DATE		TITLE	
 7-29-82		Invest. State Med. Bd.	
NAME AND DATE		TITLE	
 7-29-82		ADM. ASSIST. STATE MEDICAL BOARD.	