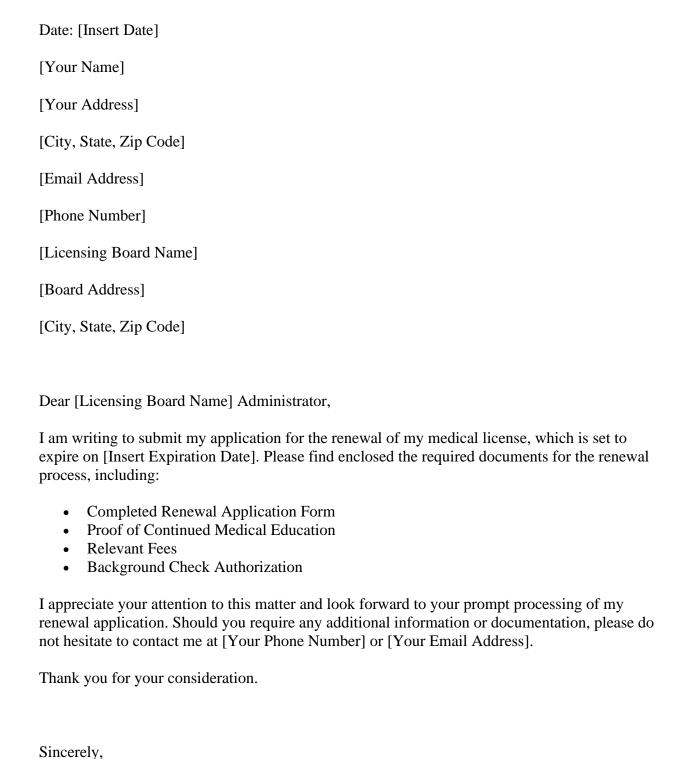
Submission Letter for Medical License Renewal



[Your Name]

[Your Medical License Number]