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ACCEPTANCE

I, JOHN E. EBAUGH, D.P.M., have carefully read the above Agreement for the Surrender of License and with full knowledge of its force and effect, do hereby surrender Doctor of Podiatric Medicine License No. E 4495, to the Board of Podiatric Medicine for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Doctor of Podiatric Medicine in the State of California and that I have delivered to the Board my wallet certificate and wall license.

DATED: January 17,

Respondent

Executive Officer

Board of Podiatric Medicine

Department of Consumer Affairs

State of California Complainant

LA2018500932