



CERTIFICATE OF SERVICE

I, Lawrence T. Buening, Jr., Executive Director, Kansas State Board of Healing Arts, do hereby certify that on the 23<sup>rd</sup> day of November, 1993, a copy of the and foregoing Order of Continuance was deposited in the United States mail, postage prepaid, first class to the following:

Daniel M. Kavanaugh, D.P.M.  
Summit Podiatric Assoc., Inc.  
61 Milford Drive  
Hudson, Ohio 44236-2727

and a copy was hand-delivered to:

Kevin K. LaChance  
Associate Counsel  
Kansas State Board of Healing Arts  
235 S. Topeka Blvd.  
Topeka, Kansas 66603

  
LAWRENCE T. BUENING, JR.



SUMMIT PODIATRIC ASSOC., INC.

**RECEIVED**

DEC 1 1993

**KANSAS STATE BOARD OF  
HEALING ARTS**

November 24, 1993

Kevin LaChance  
Kansas State Board of Healing Arts  
325 South Topeka Blvd.  
Topeka, KS 66608

RE: Application for License

Dear Mr. LaChance,

In response to your letter of November 22, 1993 regarding my application for licensure in the State of Kansas, I would like to formally and officially withdraw my application.

Your prompt attention to this matter is anticipated.

Sincerely,

D.M. Kavanaugh, DPM  
Summit Podiatric Assoc., Inc.