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Dr. Leonidas H. Berry  
412 East 47th Street  
Chicago, Illinois 60615

Dear Dr. Berry:

This will acknowledge with thanks receipt of your check in the amount of \$55.00 in payment of your Life Fellowship fee.

Your request for Life Fellowship will be submitted to the Credentials Committee and the Board of Trustees at their next meeting.

With kindest personal regards, I am

Cordially yours,

*Harry Barowsky*

HARRY BAROWSKY, M.D., F.A.C.G.  
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HB/DW:cm