THIS IS TO CERTIFY THAT

Karyna Shuliak, DDS

is licensed / registered by the New Mexico Regulation and Licensing Department
in accordance with provisions of laws in the State of New Mexico

License / Registration No.: [redacted] | License / Registration Type: Dentist

[redacted]

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency

Signature of holder:

Karyna Shuliak, DDS

[redacted]

State of New Mexico

NM BOARD OF DENTAL HEALTH CARE

PO Box 25101 Santa Fe, NM 87505 (505) 476-4680

This is to certify that

Karyna Shuliak, DDS [redacted]

Having complied with the provisions of the New Mexico Board of Dental Health Care Act is hereby granted a license to practice as a Dentist:

Issue Date(s):

Issue Date: [redacted] Date Expires: [redacted]

THIS LICENSE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS