STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Peter Bryan Conder

EFFECTIVE
09/18/2018

EXPIRATION
09/30/2028

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

9325042-6004 Clinical Mental Health Counselor

Approved Supervisor

SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

- Unless superceded by Division action, your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

PETER BRYAN CONDER
1382 N 3650 W
V101
LEHI UT 84048

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF PROFESSIONAL LICENSING

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ISSUED TO: **Peter Bryan Conder**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

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Signature of Holder

Approved Supervisor