## **CERTIFICATE OF SERVICE**

I certify that on the date indicated below, I served a copy of this
completed appeal statement upon all parties to the appeal as follows:
By personally serving it upon him/her; or  CERTIFIED  TRACIE K. LINDEMAN CLERK OF SUPREME COURT
By mailing it by first class mail with sufficient postage preparation deputy clerk
the following address(es) (list names and address(es) of parties served
Hall Pranale AND School Velo. 110 counsel For
Spring MOUNTAIN TREATMENT CENTER I AND DARRY
HAIL Prangle AND School Velo, LLC COUNSEL FOR Spring Mountain Treatment Center 1 And DARRY Dubroch in His Official Capacity 1160 North Town Center Drive, Suite 200 LAS Vegas Nevada 89144
Drive, Suite 200 LAS VegAs NebADA 89144
DATED this 20 day of OCTOBER, 2014.
Division de day or Coloure , 2011.

Signature of Appellant

Signature of Appellant

Print Name of Appellant

4605 Black Stallon Avenue

Address

Vota As Joan NV. 89031

City/State/Zip

609 - 6762

NOV 03 2014

TRACIE K. LINDEMAN
CLERK OF SUPREME COURT
DEPUTY CLERK

## **CERTIFICATE OF SERVICE**

I certify that on the date indicated below, I served a copy of this

NOTICE OF APPEAL form upon all parties to the appeal:
By personally serving it upon him/her; or
By mailing it by first class mail with sufficient postage prepaid to
the following addresss(es): Michael Pranale, Keery J. Doyle Hall Pranale + Schoonveld, LLC counsel For
Hall Prangle + Schoonveld, LLC counsel For
Spring MOUNTAIN TREATMENT CENTER: AND DARRY DUBGO
IN His OFFI CIAL CAPACITY 1/80 North Town CENTER
Spring Mountain Treatment Center: AND DARRY DUBGO IN HIS OFFICIAL CAPACITY 1160 North Town Center Drive, Suite 200 LAS VOGOS NEVADA 89144
DATED this 28 th day of OCTOBER 2014.
Signature
<u>Lee Symbolski</u> Print Name
4605 Black Stallion Avenue Address
North Las Vegas NV. 8903/ City/State/Zip

702 609-6762 Telephone

NOV 03 2014 TRACIE K. LINDEMAN CLERK OF SUPREME COURT DEPUTY CLERK