

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:

FILED

NOV 04 2014

☐ By personally serving it upon him/her; or

☒ By mailing it by ^{CERTIFIED} first class mail with sufficient postage prepared to ^{TRACIE K. LINDEMAN} ^{CLERK OF SUPREME COURT} ^{DEPUTY CLERK}

the following address(es) (list names and address(es) of parties served

by mail): Michael Prangle, Kerry J. Doyle

Hall Prangle AND SchoonvelD, LLC Counsel For
Spring Mountain Treatment Center AND DARRY
Dubroca IN HIS OFFICIAL CAPACITY 1160 North Town Center
Drive, Suite 200 LAS Vegas Nevada 89144

DATED this 28th day of October, 2014.

Signature of Appellant

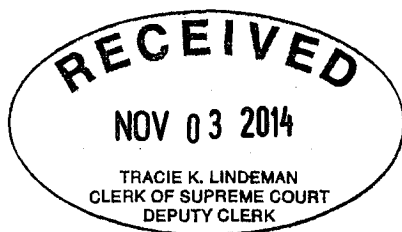
Lee Szymborski

Print Name of Appellant

4605 Black Stallion Avenue
Address

North Las Vegas, NV. 89031
City/State/Zip

(702) 609-6762
Telephone



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 ^{CERTIFIED} first class mail with sufficient postage prepaid to

the following address(es): Michael Prangle, Kerry J. Doyle

Hall Prangle + Schoonveld, LLC Counsel for
Spring Mountain Treatment Center; AND Darryl Dubroca
IN HIS OFFICIAL CAPACITY 1160 North Town Center
Drive, Suite 200 Las Vegas Nevada 89144.

DATED this 28th day of OCTOBER 2014.

Signature

Lee Symborski

Print Name

4605 Black Stallion Avenue
Address

North Las Vegas, NV. 89031
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