

AFFIDAVIT OF SERVICE

No. TBD

Samuel David Silva-Ramirez

Petitioner(s)

v.

Hospital Espanol Auxilio Mutuo De Puerto Rico, Inc. Et Al.

Respondent(s)

STATE OF MASSACHUSETTS)

COUNTY OF NORFOLK) SS.:

Being duly sworn, I depose and say under penalty of perjury:

1. That I am over the age of 18 years and am not a party to this action. I am an employee of the Supreme Court Press, the preparer of the document, with mailing address at 1089 Commonwealth Avenue, Suite 283, Boston, MA 02446.

2. On the undersigned date, I served the parties in the above captioned matter with the SAMUEL DAVID SILVA-RAMIREZ PETITION FOR WRIT OF CERTIORARI, by delivering three (3) true and correct copies of the same in an envelope with postage prepaid for delivery to the following addresses:

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July 19, 2018