

CERTIFICATE OF SERVICE

No. 19-370

Samuel D. 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 02215.

2. On the undersigned date, I served the parties in the above captioned matter with the SAMUEL DAVID SILVA-RAMIREZ PETITION FOR REHEARING, by mailing three (3) true and correct copies of the same by USPS Priority mail, postage prepaid for delivery to the following addresses:

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*Counsel for Hospital Espanol Auxilio Mutuo
de Puerto Rico, Inc. et. al.*


Lucas DeDeus

December 20, 2019

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