

CERTIFICATE OF SERVICE

I hereby certify that a true copy of this Application and its attached exhibits was served on the Respondent, West Virginia Board of Medicine, through their Board Counsel, via U.S. First Class Mail, at this address:

Via USPS First-Class Mail:

MR. GREG S. FOSTER, ESQ.

AND

MS. JAMIE S. ALLEY, ESQ.

WEST VIRGINIA BOARD OF MEDICINE

101 DEE DR., SUITE 103

CHARLESTON, WV 25311

this 17th day of January, 2023.

Respectfully submitted,

J.H.

PMB 132

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PORTSMOUTH, OH 45662-4528

FOR THE PETITIONER-An Incapacitated Adult

J. H.

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