

CERTIFICATE OF MAILING / PROOF OF SERVICE

On the ____ day of April, 2010, I served a copy of the above document upon Charles Trammel, D.O., at his last known addresses of:

Charles Trammel, D.O.
Primary Family Care
1995 Errecart Blvd., Suite 208
Elko, NV 89801

And

Charles Trammel, D.O.
1948 Raedel Ct.
San Diego, CA 92154

by placing said documents in the U.S. mail, addressed as indicated above, postage thereon prepaid, and such service is pursuant to the provisions of NRS and NAC chapters 633.

Nevada State Board of Osteopathic Medicine

By _____

Print Name: _____

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