

Certificate of Service:

I hereby certify that I, _____, on the _____ day
of _____, at _____ (circle am/pm), deposited for mailing
at _____, Nevada, a true copy of the
_____ to:

[1] Office of the Hearing Examiner
7 State of Nevada Way
Las Vegas, Nevada 89119

[2] Opposing party:

Name and Address of Petitioner:

Signature of Petitioner