

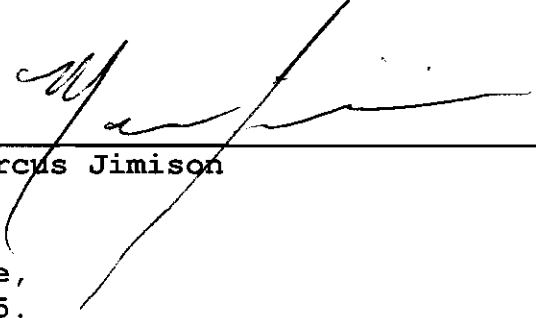
BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:)
)
Forrest Owen Smith, MD,) AFFIDAVIT OF SERVICE
)
Respondent.)

Marcus Jimison first being duly sworn, deposes and says as follows:

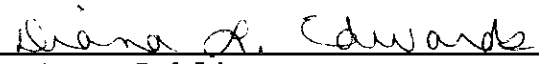
1. That a copy of the Notice of Charges and Allegations; Notice of Hearing in the above-captioned contested case was deposited in the post office for mailing to Respondent by certified mail.

2. That it was in fact received as evidenced by the attached copy of the Delivery Notice/Reminder/Receipt (PS Form 3811).



Marcus Jimison

Sworn to and subscribed before me,
this 21st day of September, 2005.



Notary Public

(Seal)

My Commission expires: 11-14-09

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FORREST OWEN SMITH, MD
1393 SANTA RITA RD STE B
PLEASANTON, CA 94566-5667

Legal - NOC, NOH
MJ-COH

2. Article Number
(Transfer from service label)


7004 1350 0003 4204 5091

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Eileen Sullis	C. Date of Delivery 9/12	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes