

69303-4

69303-4

Case. # 69303-4-1
SC Case. # 12-2-00409-3

IN THE
WASHINGTON STATE COURT OF APPEAL Div. 1

David Muresan -- *Petitioner*

VS

DSHS-RCS -- *Respondent*

APPEAL TO ISLAND COUNTY
SUPERIOR COURT
DECISION

BRIEF OF APPELLANT

(5 pages)

David Muresan
1496 S Crestview Dr.
Camano Island, Washington, 98282,
Ph. 360-387- 4669

FILED
COURT OF APPEALS DIV 1
STATE OF WASHINGTON
2013 MAY -6 PM 1:51

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(2) TABLE OF CASES

DHSH No. ANWOO77946

Administrative Hearing case, Docket No. 12-2009-L-1554

Island County Superior Court Case. # 12-2-00409-3

(3) ASSIGNMENT OF ERROR

All these courts ignored to address the only issue I had with DSHS, that is the Nurse Delegation.

The Administrative Hearing did not mention in the Initial Decision at all the Nurse Delegation issue.

The DSHS Board of Appeal refused to address the Nurse Delegation issue.

The Island County Judge specific said **“No” to ask the DSHS representative to address the Nurse Delegation issue.** On page 3 in the hearing transcript is the court opposition to ask the DSHS representative **the 4 questions I presented on page 2**

The Superior Court decision, appealed in this case, does not mention the Nurse Delegation at all.

In the history of non-compliance with DSHS rules, in my license revocation, I asked DSHS to address the nurse Delegation but they refused. Page 4 shows the administrative hearing Judge writing *Quote* **“He (David Muresan) adamantly disagree and stated that he only complies with DSHS directives that are mandatory”** *Unquote*. This quote shows that 1) **The nurse delegation was presented in those hearings.** 2) **I am a law obedient person.** 3) The hearing judge ignored that we have two rules only **mandatory** and **optional**. What judge wrote shows that I had to follow whatever DSHS workers told me to do. **That shows that DSHS worker placed themselves above the laws.**

On page 6 is a citation for my license revocation saying *quote* **“When informed by the investigator, the Field manager, the Enforcement Officer, and the Director of the Agency that he**

had to follow regulation, the provider adamantly disagree and insisted that Nurse Delegation was “not mandatory”” unquote.
This quote proves that DSHS workers ignored the director letter saying “Nurse Delegation is not mandatory” Despite the director letter all my residents have Nurse Delegation.

Issue 3. Legal issues involved.

It is a conflict between the DSH rule **WAC 388-76-64015** saying **Nurse delegation is mandatory** for residents in Adult Family Home and the legislation statutory Authority **RCW 69.41.085** for DSHS rule, as presented in Appendix page 2, saying **Nurse Delegation is optional in Adult Family Homes.**

The conflict was admitted by the director OF DSHS-RCS in her letter dated March 15. 2003 says, and presented in Appendix on page 1, saying "**Nurse Delegation is not mandatory**"

(4) STATEMENT OF THE CASE.

For respondent only

(5) ARGUMENT

My previous license revocation was based entirely on my question about Nurse Delegation. **I consider the legislation statutory authority is mandatory for DSHS rules.** The DSHS argument that the license denial was based on my non-compliance with DSHS rules is not correct based on nurse delegation situation. DSH rule **WAC 388-76-64015** is violating the legislation statutory authority **RCW 69.41.085** for DSHS rule.

(6) CONCLUSION.

The relief I sought is to reverse the DSHS denial for a new Adult family Home for David Muresan.

Today is: May 3-2013

David Muresan



Signature

(7) APPENDIX.

- | | |
|--|------------|
| 1) DSHS director letter | page 1 |
| 2) DSHS and statutory authority rules | page 2 |
| 3) Superior court record | page 3 |
| 4) Initial Decision for main license revocation. | pages 4, 5 |
| 5) Citation for main license revocation | pages 6, 7 |

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Dear AFH Provider
March 15, 2002
Page 2

4. What tasks are prohibited?

The new WAC still prohibits delegation of sterile procedures, injections, and central line maintenance.

5. What type of consents must be in place?

The nursing assistant must be willing to perform delegated tasks. The resident or authorized representative must give written informed consent. Documented verbal consent of the resident and/or representative is acceptable if written consent is obtained within 30 days. Electronic consent is acceptable.

6. What do I do if I am having problems with nurse delegation in my home?

Report any complaints with nurse delegation to the Complaint Resolution Unit (CRU) toll-free hotline at 1-800-562-6078. All complaints will be referred to the nursing care quality assurance commission for investigation.

7. Is nurse delegation mandatory?

Nurse delegation is not mandatory. However, if you provide any type of nursing service in your home, consult with your registered nurse as to whether nurse delegation would be appropriate.

Should you have any further questions about the new Nurse Delegation WAC, please contact the DOH Nursing Care Quality Assurance Commission by telephone at (360) 236-4700, or online at <http://www.doh.wa.gov/Nursing/default.htm>.

DSHS

Sincerely,

1-800-422-3263

Kay Brewer

Patricia K. Lashway, Director
Residential Care Services

Enclosure

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1 Joanna,

2 Please have the DSHS answered the following questions.

- 3 1) Is nurse delegation mandatory for some residents in Adult Family Homes, based on WAC 388-76-64015?
- 4 2) The Director letter say that Nurse Delegation is not mandatory in Adult Family Homes. Is the director letter erroneous?
- 5 3) The legislation statutory authority RCW 69.41.085 say that Adult Family Homes may have medication administration or nurse delegation. Is the legislation statutory authority incorrect?
- 6 4) Did Legislation statutory authority RCW 69.41.085 give to DSHS authority to mandate Nurse Delegation in Adult Family Homes as provided by WAC 388-76-64015
- 7
- 8

9 Here are those rules Send me the DSHS answer to prepare my argument.

10 (The DSHS ruling under WAC 388-76-64015 says that **medication assistance (or nurse delegation) is mandatory** as the word required means:

11 WAC 388-76-64015 (4) Medication administration is required when a
12 resident cannot safely perform independent self-administration or self-administration
13 with assistance. Medication administration must be performed by a practitioner as
14 defined in chapter 69.41 RCW or by nurse delegation (WAC 246-840-910 through
15 246-840-970), unless performed by a family member or surrogate decision maker as
16 defined in RCW 7.70.065. [Statutory Authority: RCW 70.128.040, 69.41.085. 02-20-005,
§ 388-76-64015, filed 9/18/02, effective 10/19/02.]

17 The legislature ruling RCW 69.41.085 says that medication assistance is
18 optional, as the word may means.

19 **RCW 69.41.085 Medication assistance -- Community-based care setting.**
20 **homes**, boarding homes, and residential care settings for the developmentally
21 disabled, including an individual's home, may receive medication assistance.

22 I did contact Mr. Roger Woodside, DSHS recommended as the person
23 responsible with the Nurse Delegation rules, and he indicated me that the RCS
24 requirement for mandatory Nurse Delegation is based on **RCW 70.128.130(6)**, about
Adult family homes - Requirements.

25 **RCW 70.128.130(6)**, Adult family homes shall establish health care procedures
26 for the care of residents including medication administration and emergency medical
27 care.

28 The RCS director's letter dated March 15, 2003 says: "Nurse delegation is
29 not mandatory. However, if you provide any type of nursing service in your home,
consult with your registered nurse as to whether nurse delegation would be
appropriate.")

1 He has had an opportunity to have that finding
2 reviewed. And, in fact, he did have it reviewed, and it
3 has been upheld and affirmed.

4 So the Department's denial of Mr. Muresan's most
5 recent application, the 2009 application, should be
6 affirmed as a matter of law.

7 THE COURT: All right. You have the right --

8 DAVID MURESAN: Your Honor, do you allow me to
9 ask here and to go on record those four questions I had
10 told DSHS?

11 THE COURT: No. This is the time for argument.

12 DAVID MURESAN: Okay. Your Honor, she mentioned
13 that I had two neglect. I had only one. But what
14 happened, a lady was in hospital, ill-attended, got heel
15 sore, bed sore. We took care of it, but she was 85 with
16 diabetes, very slow. And that was immediately found. But
17 we-- Remember, the license of calling those people from
18 that service to come, she was outside and we heard, "Come
19 here and find something? Find something."

20 And found that red heel, which was under control, was
21 absolutely-- The son was okay with because of that.

22 And, also-- Here is very important. We took care
23 of that lady for 14 months -- They removed from us because
24 all kinds of pressure wanting to create upon us -- and in
25 another place died in 29 days. She was, after two weeks,

Mr. Muresan asserted that residents and/or their families do not want to pay for nurse delegation and that he can administer medications without a delegation.

90. EN required several medications which she could no longer administer herself.

Some were eye drops and some were oral, some were prescribed on a daily basis, some on an as needed basis.

91. NC's medication must be crushed before she takes it due to a swallowing problem.

92. On March 15, 2003, DSHS issued a "Dear Provider" letter to AFH providers informing them of changes in the nurse delegation laws and regulations. In sum, in relevant part, the letter informs providers that the new Washington Administrative Code (WAC) eliminates the task list for nurse delegation and gives the registered nurse delegator discretion to determine which tasks can be delegated using an established protocol. It lists sterile procedures, injections, and central line maintenance as the only three nursing tasks which cannot be delegated. It concludes with the paragraph:

7. Is nurse delegation mandatory?

Nurse delegation is not mandatory. However, if you provide any type of nursing service in your home, consult with your registered nurse as to whether nurse delegation would be appropriate."

Exhibit 15. It does not define "nursing services." However, it does refer to the relevant statutes and WACs and attached with copies. Why medication administration is not specifically addressed in this letter is not clear.

93. After receiving this letter, the Muresans informed the families of the residents that nurse delegation was not mandatory to administer medications and that DMMD could provide this service without professional oversight if the family agreed.

94. DSHS personnel, including the director of Residential Care Services, informed him orally on numerous occasions and in writing on May 22, 2003 (Exhibit 15.3) that he had misinterpreted the letter, that nurse delegation was indeed necessary to administer medications. He adamantly disagreed and stated that he only complies with DSHS directives that are

mandatory. He continues to disagree that he ever needs nurse delegation to administer medication.

Provision of Services and Care - Miscellaneous

95. On May 29, 2003, AD was in bed wearing sweat pants, and two sweaters which were mismatched, a soiled stocking cap with uncombed hair underneath and wearing-off fingernail polish.

96. Because, according to the Muresans, on May 29, 2003, AD was becoming increasingly difficult for them to move, AD had been left in bed most of the previous two days.

97. On June 5, 2003, AD's fingernails were still partially covered with wearing-off polish.

98. On June 9, 2003, the day that the DSHS team, in the company of a police officer, served the Muresans with the notice of revocation, the Muresans entered AD's room and slammed the door. They thereafter (in the presence of a concerned DSHS investigator) roughly, hurriedly and without concern for AD's comfort, changed AD's soiled clothes and incontinence pad. Ms. Muresan explained at hearing that she knows that their method was inappropriate at that time, that it was not indicative of their usual practice, but rather reflected their distress at the presence of law enforcement officers:

99. On June 9, 2003, AD choked on a pill, requiring Ms. Muresan, who had been feeding her in bed, to retrieve it by hand. Aspirational pneumonia is a known and common risk for people who have difficulty swallowing. After the incident and her condition were reported to her doctor, her doctor ordered her to the emergency room.

Assessments

100. The assessment done for NC upon her admission was done on a form created by Mr. Muresan and completed by a physician. It contained no evaluation of her cognitive status and functioning, no indication of significant known behaviors requiring special care, no preferences or choices of daily life, and no input from her husband who had taken care of her for the 5 years preceding her admittance to the AFH. The form did not include a plan for evacuation when the assessment was reviewed. Exhibit F 28 shows an entry for this line. However, the form appears to be filled out in a variety of handwritings and the original was not

has books like homecare 101 and draws from them and suddenly he is an expert on everything. He is very strange and has far out ideas."

Resident #1:

Resident #1 was an elderly individual with care needs related to mental illness, cardiovascular disease and dementia. When interviewed, a family member of Resident #1 told of a recent telephone call made to the AFH to check on the condition of the resident. The conversation was directed to the subject of medications by the provider. The provider wanted to reduce the resident's medications. The family member stated that the conversation was not logical. S/he added that s/he actually never got any information from the provider as to how the relative was doing. The provider started ranting, "the doctors don't know what they're doing... She's on too many medications... I can't care for her with all these medications."

The same family member reported another experience with the provider. The family member had wanted to take his/her mother out for the day, and asked the provider for the resident's afternoon medications. The provider stated that the resident would be fine without them as the resident got too many medications and didn't need them anyway. The family member had to "insist" that the provider give her the medications.

On 6/11/03, Collateral J, a mental health professional, stated emphatically that the AHF providers did not understand their role, as they continually called him/her when they thought that Resident #1 might need to see the doctor. The Collateral added, "I made it very clear that I was not a nurse, or a doctor, or an emergency service, and they just don't seem to understand."

In addition, on 5/28/03, although Resident #1 was found to have experienced a significant deterioration in condition over the 3 previous weeks, the provider had failed to yet notify the resident's physician of the change in condition as required. This demonstrated the providers' lack of understanding of their responsibility to ensure that the resident received immediate medical care.

Refer to WAC 388-76-675 Reporting Requirements

Resident #4:

Resident #4 was an elderly individual who had impaired vision and was hard of hearing; with additional care needs related to dementia, hip replacement, circulatory problems and glaucoma. The family of Resident #4 reported that the provider had wanted to stop or decrease the resident's bladder medication. The family member checked with the doctor and then had to "insist" that the resident still get the medication. "Many times when you talk to him (the provider), he just doesn't get it."

Although Resident #4 required the professional services of Nurse Delegation, the provider chose to disregard the legal requirement. He created a form that stated Nurse Delegation was not mandatory and presented it to residents' families. He told the families that he could provide these services without professional oversight and did so. When informed by the investigators, the Field Manager, the Enforcement Officer and the Director of the Agency that he had to follow

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13 (6)
2.4 (X)

regulations, the provider adamantly disagreed and insisted that Nurse Delegation was "not mandatory."

Resident #3

Similar findings were noted for Resident #3, who also required but did not receive the services of nurse delegation.

Refer to WAC 388-76-64015 What defines the type of help a resident may need when taking their medication?

During interactions with investigative staff on a visit to the AFH on 6/5/03, the provider became easily excitable, visibly angry and shouted at Department staff, who were attempting to discuss the need for the provider to follow certain regulatory requirements. In addition, he was noted to shout orders to and place blame on the co-provider regarding various discrepancies found by Agency staff. This behavior was consistent with previous Agency staff encounters with this provider. Despite Agency staff attempts to explain regulatory requirements to the provider, he continued to misinterpret or distort selected regulations to suite his own purposes.

History of Reoccurring Noncompliance:

Based on current findings and the closure of another AFH owned by the same provider, the provider has demonstrated a lack of ability to meet the emotional and physical needs of vulnerable adults. The provider, who has been licensed since 1997, has been cited for multiple violations of the AFH regulations during that time. A history of the provider's noncompliance is demonstrated by the following:

On April 26, 2002, the Agency imposed conditions on the provider's license for this AFH as a remedy to a Statement of Deficiencies written on 2/20/02. The conditions required the provider and co-provider to retake training in Fundamentals of Care Giving and Department AFH orientation.

The provider's license for a second home on this property was revoked by the Department on 12/26/02, based upon failure to provide care and services to a resident. (The revocation was upheld on Review and is currently on appeal in superior court.)

On 5/11/03, the provider discharged former Resident #7 from his licensed AFH to the unlicensed home, without proper notice, in order to make room for another admission to the licensed home.

On 5/30/03, Adult Protective Services (APS) initiated a complaint investigation regarding the care provided to Resident #7 in the unlicensed home. The investigation found the resident had developed areas of skin breakdown, including bedsores, none of which had been reported to the physician. The APS report substantiated neglect on the part of the provider.

The care provided to the vulnerable elderly residents in the AFH was often based on the particular theories created by the provider. For example, the provider had previously presented to the Department his particular health theories in a document entitled "DMMD Health Theory." #1
In this document he stated that disease processes such as Multiple Sclerosis, AIDS, Parkinson's,

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SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF ISLAND

IN RE:

NO. 12-2-00409-3

DAVID MURESAN,

Petitioner,

FINDINGS OF FACT, CONCLUSION
OF LAW, AND ORDER ON PETITION
FOR JUDICIAL REVIEW

v.

STATE OF WASHINGTON,
DEPARTMENT OF SOCIAL AND
HEALTH SERVICES,

(Clerk's Action Required)

Respondent.

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THIS MATTER, having come on before the court on Mr. Muresan's petition for review on July 23, 2012, and the court having reviewed the briefs of the parties, heard argument of the parties, and being familiar with the records and files herein, the court now makes the findings of fact and conclusions of law as recited below.

ASSIGNMENTS OF ERROR

David Muresan alleges the following assignments of error:

1. That the Review Judge's findings were not supported by substantial evidence.
2. That the Review Judge's conclusions of law were erroneous.

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FINDINGS OF FACT

1. On April 29, 2002, the Appellant's AFH license (#524000 - King County) at the location 18204 - 30th Ave., Seattle, Washington, was revoked by the Department. The revocation action was upheld in a final order of the Department's Board of Appeals on December 12, 2002. Exhibit D-1 (Docket number 02-2002-L-1505). The decision was affirmed on reconsideration, by an order mailed December 23, 2002. The decision was affirmed on Judicial Review in State of Washington, King County Superior Court No. 02-2-1437- 9-SEA on July, 2003. The Supreme Court of Washington denied a petition for review in No. 75062, C/A No. 52733-9-I on September 8, 2004. The Supreme Court informed the Appellant that his motion for reconsideration of his petition for review was not proper since the court's decision on the petition for review was not subject to reconsideration by letter dated September 16, 2004. The Supreme Court of the United States denied the Appellant's petition for a writ of certiorari on February 22, 2005.

2. On June 9, 2003, the Appellant's AFH license (# 390100 - King County) at the location 18210 - 30th Ave., Seattle, Washington, was revoked by the Department. The revocation action was upheld in an initial order of the Office of Administrative Hearings on December 31, 2003, which became a final order by operation of law. A request for review was received by the Board of Appeals on March 12, 2004, more than 51 days later. An Order Denying Request for Review was entered on March 18, 2004.

3. On May 11, 2004, the Appellant's AFH license (# 512600 - Island County) at the location 1473 S. Crestview Dr., Camano Island, Washington, was revoked by the Department. The revocation action was upheld in a final order of the Department's Board of Appeals on February 11, 2005.

1 4. In 2003 the Appellant submitted two applications for AFH licenses at the
2 locations 1476 and 1578 S. Crestview Dr., Camano Island, Washington, which were
3 denied by the Department. The denials were affirmed by an Initial Order Granting
4 Summary Judgment mailed December 30, 2004. The denial actions were upheld in a
5 final order of the Board of Appeals on February 11, 2005.

6 5. On June 17, 2003, the Department issued a finding that the Appellant had
7 neglected a vulnerable adult. At the time the finding was made the rules did not provide
8 a procedure for administratively challenging APS findings.

9 6. On November 7, 2003, the Department issued a finding that the Appellant and his
10 wife had neglected a vulnerable adult. The finding was upheld in a final order of the
11 Department's Board of Appeals on November 24, 2004. This order was affirmed by the
12 Washington State Court of Appeals in a Commissioner's Ruling Granting Motion on the
13 Merits to Affirm in No. 56798-5-1 entered February 16, 2006. An Order Denying
14 Motion to Modify was entered May 2, 2006.

15 7. Based on the above APS findings, the Appellant is listed on the state Adult
16 Protective Services Abuse Registry.

17 8. On or about June 23, 2009, David Muresan submitted an application to
18 the Department for an Adult Family Home (AFH) license for the location 1578 S.
19 Crestview Dr., Camano Island, Washington.

20 9. On September 9, 2009, the Department wrote the Appellant a letter informing him
21 that his application for an AFH license had been denied. The Department attempted to
22 serve the Appellant with the letter by certified mail, but the letter was returned as
23 unclaimed. The letter was sent, in error, to the address of the proposed AFH, instead of
24 the mailing address of the Appellant. On October 21, 2009, the Department sent the
25

1 Appellant an amended denial letter, with the correct address, and served him by certified
2 mail on October 23, 2009.

3 10. In the denial letter, the Department stated that the denial was based on WAC 388-
4 76-10120, subsections (3)(a) and (3)(f), which describe circumstances in which the
5 Department must deny an applicant's AFH license application. In support of its decision
6 the Department cited three previous AFH license revocations and an Adult Protective
7 Services (APS) finding of neglect of a vulnerable adult involving the Appellant.

8 11. The Appellant requested a hearing to contest the Department's denial of the
9 AFH license. On February 24, 2010, the Department filed a motion for summary
10 judgment and supporting memorandum of law requesting that the Department's
11 denial of Appellant's application for an adult family home license be upheld and
12 judgment on the merits granted to the Department as a matter of law. Administrative
13 Law Judge Bill Gales held a prehearing conference and heard oral argument on the
14 Motion for Summary Judgment on March 19, 2011. He issued an Initial Order
15 Granting Motion for Summary Judgment (Initial Order) on September 2, 2011,
16 affirming the Department's denial as a matter of law.

17 12. On April 19, 2012, Review Judge Marjorie R. Gray issued a Review Decision
18 and Final Order affirming the Initial Order. On May 9, 2012, Mr. Muresan's
19 request for reconsideration was denied by the Board of Appeals and the Review
20 Decision and Final Order dated April 19, 2012, became the final administrative
21 order.

22 CONCLUSIONS OF LAW

23 1. The Department is required by regulation to deny
24 an application for a license to operate an AFH when an applicant has a history of
25

1 significant noncompliance. Such a history of significant noncompliance is defined as
2 including the revocation or suspension of a license for the care of vulnerable adults.⁹

3
4 2. The Appellant has been found to have neglected a vulnerable adult, and is
5 listed on the APS Abuse Registry. He has had previous licenses for adult family
6 homes revoked. He has had subsequent license applications denied. The Appellant
7 is collaterally estopped from relitigating the previous revocations and license
8 denials, as well as his findings of neglect. The Department's action denying his new
9 application for an adult family home license should be affirmed as a matter of law.

10 3. The Review Judge's factual findings in the Review Decision and Final Order,
11 dated April 19, 2012, are supported by substantial evidence in the administrative record.

12 4. The Review Judge's conclusions of law in the Review Decision and Final Order, dated
13 April ~~18~~¹⁹, 2012, are in accordance with applicable law.

14 **ORDER**

15 1. The Review Decision and Order dated April 19, 2012, is affirmed, and Mr. Muresan's
16 petition is denied.

17
18 DATED this _____ day of _____, 201~~2~~

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21 _____
JUDGE

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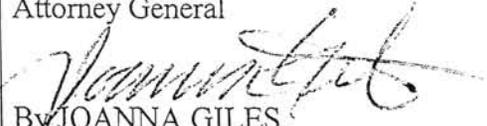
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1 Presented by:

2 ROBERT M. MCKENNA

3 Attorney General

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5 By JOANNA GILES,

Assistant Attorney General, WSBA#40510

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7 **Approved for entry; Notice
of presentation waived:**

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David Muresan, Petitioner

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IN THE COURT OF APPEAL OF THE STATE OF WASHINGTON SEATTLE-
Division 1.

(One Union Square, 600 University Street, Seattle WA 98101-4170)

David Muresan
Appellant
vs.
DSHS-RCS
Respondent

Case. # 69303-4-1

Declaration of Service

FILED
COURT OF APPEALS DIVISION
STATE OF WASHINGTON
2013 MAY -6 PM 1:55

The undersigned certifies under penalty of perjury under the laws of the State of Washington that on the date of Apr - 3rd - 2013, I served by: [] Certified mail, [] Electronic mail, [] **Facsimile Transmission**, [] **First Class Mail**, [] Hand Delivery, [] Overnight Delivery, in the manner indicated above by "x" true and correct copies of the following documents:

1. **Superior Court Decision** (to deny my license)
2. **Appellant Brief** (as instructed by court of appeal) *May 10-2013 deadline*
3. **Declaration of Service**

To: 1. Attorney General of Washington Greenwich Building, 3501 Colby Avenue # 200 Everett, WA 98201 or Faxed To: # 425-257-2197 for Joanna Giles.

Date May 3-2013



Maria Muresan

Attached 17 pages

David Muresan, 1496 S Crestview Dr.
Camano Island, Washington, 98282, Ph. 360-387-4669
Email davidmuresan@live.com

TRANSMISSION VERIFICATION REPORT

TIME : 01/01/2008 00:06
NAME :
FAX :
TEL :
SER.# : J0N525741

DATE, TIME	01/01 00:03
FAX NO./NAME	14252572197
DURATION	00:03:21
PAGE(S)	20
RESULT	OK
MODE	STANDARD ECM