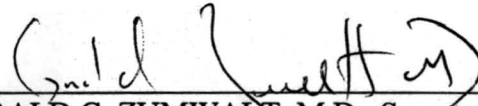




THEREFORE, you are cited to appear at the hearing. If you are not present in person, you may be present through your attorney.

DATED this 31 day of March, 2005 at 11<sup>05</sup> o'clock.



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GERALD C. ZUMWALT, M.D., Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision

RETURN OF SERVICE BY AGENT

Received the attached and foregoing Citation and Complaint and Scheduling Order in the investigation of Alex head of at Oklahoma City, Oklahoma, on the \_\_\_\_\_ day of \_\_\_\_\_ 2005, and on the day of April, 2005, at 3:00 o'clock p.M served in on the within named by delivering a copy to:

\_\_\_\_\_ at (address) RR A ANF 4 x 14 3 *vering \* express, ant* *luk x m* *7 m x*

Served by: \_\_\_\_\_ *Be* *70* *A Ake +1*



Subscribed and sworn to before me on this 1 day of APRIL, 2005  
Janet Swindle  
 Notary Public

My Commission expires 8-22-06

**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. *comp cit*

1. Article Addressed to: 11707  
  
 ALEXANDER THEODORE, MD  
 8015 ROYAL LANE  
 SANDY, UT 84093

2. Article Number (Transfer from service label) ET 783837460 US

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 4/2-05

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes