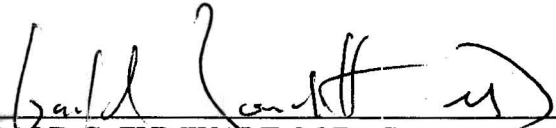




THEREFORE, you are cited to appear at the hearing. If you are not present in person, you may be present through your attorney.

DATED this 10 day of November, 2005 at 8<sup>45</sup><sub>am</sub> o'clock.

  
\_\_\_\_\_  
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 George H. Weaber MD of Columbia City, OH on the \_\_\_\_\_ day of \_\_\_\_\_ 2005, and on the 14 o'clock \_\_\_\_\_ M. served in on the within named by delivering a copy to:

at (address): George Weaber, MD PO BOX 1003 FORT HARRISON MT 59636-1003 *certified MAIL*

Served by: \_\_\_\_\_

Subscribed and sworn to before me on this 14 day of November 2005.



Janet Swindle  
Notary Public

My Commission expires 8-22-06

**SENDER: COMPLETE THIS SECTION** | **COMPLETE THIS SECTION ON DELIVERY**

- 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: 8634

GEORGE HAWN WEABER, MD  
PO BOX 1003  
FORT HARRISON, MT 59636-1003

2. Article Number  
(Transfer from service label)

A. Signature  Agent  Addressee  
*[Signature]*  
 B. Received by (Printed Name) John H Green Jr C. Date of Delivery 11-18-05

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

91 7108 2133 3931 8923 8306