BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

KATHERINE HARRIS, Claimant, v. INDEPENDENT SCHOOL DISTRICT NO. 1, Employer, and IDAHO STATE INSURANCE FUND, Surety, Defendants.	**IC 2008-002039** **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENDATION** **FILED APR 6 2012**

INTRODUCTION

Pursuant to *Idaho Code § 72-506*, the Idaho Industrial Commission assigned this matter to Referee Douglas A. Donohue. He conducted a hearing on bifurcated issues in Lewiston on December 3, 2010. Ned Cannon represented Claimant. Wynn Mosman represented Defendants. The parties presented oral and documentary evidence. The record was held open for the receipt of updated entries on Claimant's Exhibit G, pages 381-383. Post-hearing depositions were taken. Post-hearing motions were made. The case came under advisement on May 23, 2011. It is now ready for decision.

ISSUES

The issues to be resolved according to the notice of hearing and by agreement of the parties at hearing are:

1. Whether the condition for which Claimant seeks benefits was caused by the industrial accident;
2. Whether and to what extent Claimant is entitled to additional benefits:
   a. Temporary partial and/or temporary total disability benefits (TPD/TTD); and
   b. Medical care.

All other issues are reserved.

CONTENTIONS OF THE PARTIES

Claimant contends she injured her neck and low back when she fell from the steps of a school bus. She is entitled to additional TTD and medical care benefits from the date Defendants ceased paying them to the date of hearing and into the future.

Defendants contend Claimant's condition was a minor neck and low back strain which has healed. They have paid all TTD and medical benefits due. Claimant's condition thereafter is unrelated to the industrial injury.

EVIDENCE CONSIDERED

The record in the instant case consists of the following:

1. Hearing testimony of Claimant, her husband, and R.C. Colburn, M.D.;
2. Claimant's Exhibits A through I;
3. Defendants' Exhibits A through L, with later-submitted portions of Exhibit G; and
4. Post-hearing depositions of Kurt Bailey, D.C., and Jeffrey Larson, M.D.

Claimant also submitted additional evidence as an addendum to Exhibit E. The record was held open only for the submission of specific documents pertaining to Exhibit G. The additional Exhibit E documents are not admitted. Having examined the evidence, the Referee submits the following findings of fact, conclusions of law, and recommendation for review by the Commission.

Claimant's Motion to Correct Misstatement in Claimant's Post-hearing Reply Memorandum is granted.

FINDINGS OF FACT

1. Claimant worked as a school bus driver for Employer for about 18 years. She seldom missed a day of work.

2. On January 9, 2008, Claimant was leaving her bus at the end of her shift. She fell

as she descended the steps. She was found by a co-worker. An ambulance was called. It arrived about 10 minutes after she fell. Claimant received emergency treatment at St. Joseph Regional Medical Center ("St. Joseph").

3. The January 9, 2008 ER record of her initial visit shows she complained of neck, back, shoulder, and knee pain. She was uncertain whether she had experienced a loss of consciousness in the accident. She stated that she had had low back pain for two days. She could not identify a precipitating event. By history, the ER physician recorded that she stated her "back gave out and she fell." An examination revealed no signs of trauma, and no objective findings. The ER record states, "There is a little bit of upper thoracic tenderness that is quite diffuse. . . . Just pain laterally bilaterally in the upper and lower extremities." She showed no lumbar or cervical tenderness. The physician's impression was "minor neck strain, knee contusion." X-rays of the C-spine were normal except for some straightening of the lordotic curvature and moderate degenerative changes a C5-6 and C6-7. Claimant was discharged with 30 hydrocodone pills for pain.

4. On January 14, 2008, Claimant visited Carmen Stolte, nurse practitioner. On examination, Claimant reported pain and tenderness to palpation in her neck on the right and in her lumbar paraspinal muscles. Hydrococone and muscle relaxers were prescribed along with physical therapy. An X-ray was ordered which showed only degenerative changes and disc disease throughout the lumbar spine. NP Stolte released Claimant from all work.

5. In follow-up visits Claimant complained that physical therapy was not helping. By February 4, 2008, she had begun refusing to do some PT exercises. She stated she preferred Percocet, oxycodone with acetaminophen, to the hydrocodone with acetaminophen she had been taking. NP Stolte accommodated with a change of prescription.

6. On February 7, 2008, a lumbar MRI showed degeneration at T11-12, L3-4, and L4-5. Other disc spaces were reported to be normal.

7. On February 8, 2008, a C-spine MRI showed significant degeneration from C4 through C7 with arthritis, bone spurs, stenosis, disc space narrowing and broad-based disc bulge. No acute or traumatic findings were reported.

8. On February 19, 2008, orthopedic surgeon Warren Adams, M.D., examined Claimant and evaluated her medical records at the request of Surety. He noted gross inconsistencies in Claimant's demonstrated range of motion in her neck – quite restricted upon focused examination, virtually unrestricted when she was distracted. Upon testing, her hand numbness was reproduced by arm position which ruled out an acute injury to her C-spine as a cause. He opined that her neck and low back injury, relatable to the industrial accident, were at MMI. He opined she suffered no PPI and needed no restrictions. He opined she could return to bus driving.

9. During the several visits to NP Stolte in February and March, Claimant twice reported she was out of her narcotic pain pills. On one visit she reported that she had thrown them all away and wanted to change prescriptions because her family was concerned about her medication use. Her low back pain is described differently in various notes; her description of her neck and arm symptoms changed during this period. Her reports of numbness in her hands also varied during this period; once she reported none and a short time later she reported it occurring with even minimal use of her hands. On March 25, 2008 Claimant reported "incontinence frequently." This was the first time she complained of incontinence.

10. On April 3, 2008, Claimant requested additional narcotic pain medication. She claimed she had spilled them down the sink.

11. On April 8, 2008, NP Stolte noted that Claimant's longstanding depression was worsening.

12. On April 14, 2008, NP Stolte responded to Dr. Adams' IME report. She contrasted the nature of Claimant's low back pain before and after the accident and denied that Claimant had ever reported neck pain or hand numbness before the accident.

13. On May 2, 2008 Gregory D. Dietrich, M.D., reviewed Claimant's lumbar MRI. He noted "significant disc disease" but opined her condition to be "nonsurgical."

14. On June 13, 2008, Claimant visited St. Joseph and was treated as an outpatient. Mark Ackerman, PA-C, examined her. He noted she described a non-anatomical "band-like distribution" of low back pain and that she did "not put out much effort" in strength testing.

15. On June 19, 2008 Claimant visited neurosurgeon John Demakas, M.D., on a consultation requested by NP Stolte. He examined Claimant and reviewed the X-rays and MRIs. He opined that her "certainly pre-existing degenerative changes" were made symptomatic by the industrial accident. He opined that she was not a surgical candidate. He recommended a bone scan.

16. On June 24, 2008, a bone scan showed mild uptake at C6-7 on the left, diffusely through her T-spine, and at L5 on the left. These were considered by the radiologist to be "most likely degenerative in nature and mild in degree." Upon review of the bone scan, Dr. Demakas reconfirmed his opinion that she was not a surgical candidate.

17. On June 25, 2008, Claimant visited Tri-State Memorial Hospital in Clarkston, Washington, and was examined by N. Kirk White, M.D. He primarily noted poor posture and gait. He recommended exercise and a steroid injection. Claimant opted for the injection which was scheduled that day. Ultimately, Dr. White administered two epidural steroid injections

with additional trigger point injections. The injections provided only brief, modest relief. On July 23 she told Dr. White's nurses that her pain was worse from her neck across her left shoulder but told Dr. White that her pain was worse from her neck across her right shoulder. When questioned about this discrepancy, she told Dr. White her pain "fluctuates."

18. On July 6, 2008, Claimant returned to St. Joseph. The ER doctor noted non-anatomical low back pain, no neurological symptoms, no complaints related to bowel or bladder control. He noted her neck was "supple" with "some tenderness to palpation." She described no neck complaints. Two days later, NP Stolte noted Claimant's neck pain was no better and it precluded her from the exercises recommended by Dr. White.

19. On October 9, 2008, Dr. Demakas again examined Claimant. He noted the result of the steroid injections and concluded she was a surgical candidate. On January 28, 2009, he considered the potential harms and benefits of a two-level, C5-6, C6-7 fusion versus the implantation of artificial discs at one or both levels. He opined her condition to be "a continuation" of the initial industrial injury.

20. On October 16, 2008, C-spine x-rays were again taken. It showed degenerative disc disease and arthritis at C5-6 and C6-7 with bone spurs causing severe stenosis on the right at C5-6 and less so on the left. A C-spine MRI was taken the same day. The MRI findings were consistent with the X-rays.

21. On December 24, 2008, Claimant signed a "Patient Contract regarding chronic narcotic use for non-malignant pain." Among other things, she agreed to ask for medicine only through NP Stolte. Within about 30 days she sought narcotics from other medical providers. NP Stolte decided to give her another chance.

22. On April 11, 2009, Claimant went to the Seattle area for her father's funeral.

She visited Bogachiel Clinic seeking narcotic medications because, she claimed, half had been stolen from her luggage while in custody of the airline. She did not report the theft to the police. After arriving back in Lewiston, she alleged her medication had again been stolen, this time from a carry-on bag when she left it for a moment in the Sea-Tac airport. Dr. Vicki Lott, M.D., a supervisor of NP Stolte, noted that Claimant threatened to go to an ER to get more Demerol if Dr. Lott refused her additional narcotics. By this point, not only Claimant's husband, but also her mother and sisters were counting her medication in an attempt to slow her overuse of narcotics.

23. On June 11, 2009, Dr. Demakas performed surgery. He used a cage fusion after diskectomy and decompression of C5-7.

24. On August 9, 2010, Claimant began complaining to NP Stolte of bowel incontinence which Claimant associated with low back pain and leg numbness.

25. Claimant has continued to assert little or no improvement and has described a variety of symptoms at differing times.

26. Treating physicians NP Stolte, Dr. Demakas, and Claimant's IME physician Dr. Colburn have expressed the opinion that her industrial accident aggravated the preexisting degenerative condition in her neck, low back, or both.

27. NP Stolte based her opinion largely upon her impression that, since the accident, Claimant has been describing symptoms which are different in intensity and/or in location than those for which she was treated before the accident.

28. Dr. Demakas based his opinion largely upon the history Claimant reported to him and upon NP Stolte's description of Claimant's history.

29. Defendants' IME physicians, Dr. Adams and Dr. Larson, have opined that the

low back and neck strains incurred in the industrial accident did not accelerate or exacerbate her preexisting degenerative conditions. They opined Claimant was medically stable from the effects of the industrial accident on the date each physician examined her.

30. Both of these physicians largely based their opinions upon the absence of objective findings at each of their examinations, upon the absence of objective findings in any diagnostic imaging studies, upon "gross inconsistencies" between Claimant's subjective reports and findings upon examination and between Claimant's subjective range of motion in her neck when distracted versus when focused upon.

31. Stating an opinion with surprising frankness, Dr. Larson testified that he believes Claimant is "faking."

Prior Medical Care

32. Claimant has a history of treatment for high blood pressure, diabetes type II and depression.

33. On October 28, 1991, Sherry D. Stoutin, M.D., recorded: "Kathy has a long hx of back pain following MVA. She has not really had any problems lately but on Fri night she jumped out of the back of the school bus and jolted herself as she hit the ground a little bit altho she did not fall. On Sat she woke up w/ low back pain and some inner lft thigh pain." Dr. Stoutin diagnosed a low back strain.

34. On July 8, 1993, an X-ray showed arthritis and degenerative change in both hips.

35. On December 14, 1993, Claimant fell on her bus and developed right shoulder pain. An X-ray showed degenerative change in her AC joint and a type III acromion. Her pain was thought to be a rotator cuff injury. Surgery on February 1, 1994 revealed no rotator cuff tear.

36. On November 19, 1994, Claimant visited St. Joseph with a complaint of low back pain for two days after a gradual onset. She complained that walking made it worse and that standing up straight increased her shooting pain which radiated to her thighs. On examination, a positive straight leg raising test was noted bilaterally at 45 degrees. Mechanical low back pain was diagnosed. By history, Claimant reported her low back pain precluded standing for a prolonged period of time since an MVA in 1984.

37. On July 22, 1998, Claimant reported left shoulder pain after a fall. An X-ray showed a nondisplaced avulsion fracture of the greater tuberosity of the proximal left humerus.

38. On her August 21, 2003, driver's physical, she checked "Yes" to chronic low back pain.

39. On September 22, 2004, she visited Express Care complaining of low back pain increased "since Monday." On examination she showed some resistance to range of motion testing. This was diagnosed a lumbosacral strain. She was taken off work for two days.

40. At her 2005 driver's physical she checked "Yes" to chronic low back pain, then scratched it out and checked "No."

41. Claimant visited chiropractor Kurt Bailey, D.C., five times in April 2006. On one of these visits he noted right shoulder and arm pain and manipulated her C-spine as well as the rest of her spine.

42. At her 2006 driver's physical she checked "Yes" to chronic low back pain and "Yes" to narcotic or habit forming drug use.

43. The records of NP Stolte are internally inconsistent. For example, on a visit of July 18, 2007, Claimant complained of "depression, anxiety, change in sleep habits, loss of interest." Yet, on examination under "Mood and affect" the entry reads "no depression, anxiety,

or agitation." As this mood and affect entry is repeated word for word in most other records of NP Stolte, it is possible that it represents a default entry which was not corrected on this visit. One is left to wonder about other possible default entries in her other records.

44. On August 13, 2007, Claimant complained of sciatica and requested pain medications so she could sleep. Carmen Stolte, NP, prescribed Robaxin and Darvocet N-100.

45. Also on August 13, 2007, Claimant's driver's physical form again noted "Yes" to chronic low back pain but "No" to Narcotic or habit forming drug use. This form is signed by NP Stolte who prescribed such drugs that very day.

46. Claimant visited chiropractor Kurt Bailey, D.C., three times in August 2007. On one of these visits he circled "cervical" and other parts of the spine on his form describing the areas he treated. He noted Claimant's primary complaint was her left shoulder.

47. In September 2007, Claimant visited St. Joseph ER. The ER doctor recommended she undertake a pain management program. She had run out of pain medication and reported symptoms of abdominal pain. The nursing diagnosis was "knowledge deficit [illegible] health status." Diagnostic imaging of her gallbladder was normal.

48. On October 17, 2007, NP Stolte changed Claimant from Darvocet to Norco. Claimant's back pain complaints increased with complaints of joint pain, stiffness, and arthritis.

49. On November 19, 2007, NP Stolte discontinued Claimant's Darvocet and Norco despite Claimant's complaint of shoulder pain. Claimant's next visit to NP Stolte came January 10, 2008, the day after the industrial accident.

50. In December 2007, Claimant visited St. Joseph ER with a complaint of tooth pain. Narcotics were prescribed.

DISCUSSION AND FURTHER FINDINGS OF FACT

51. It is well settled in Idaho that the Workers' Compensation Law is to be liberally construed in favor of the claimant in order to effect the object of the law and to promote justice. *Haldiman v. American Fine Foods*, 117 Idaho 955, 956, 793 P.2d 187, 188 (1990). The humane purposes which it serves leave no room for narrow, technical construction. *Ogden v. Thompson*, 128 Idaho 87, 910 P.2d 759 (1966). Although the worker's compensation law is to be liberally construed in favor of a claimant, conflicting evidence need not be. *Aldrich v. Lamb-Weston, Inc.*, 122 Idaho 316, 834 P.2d 878 (1992).

52. Claimant's credibility is significantly established by her relatively long work history and good work record with Employer. At hearing, she showed that she was physically uncomfortable whether the focus was or was not upon her. However, Claimant is an inconsistent historian. Contemporaneously made medical records are deemed to be of greater weight than Claimant's memory of her pains, condition, or other medical history. Moreover, her variable reporting of where and how much she hurt tends to undercut the weight to be attached to her subjective complaints. Finally, Claimant's "addictive tendency" opens the door to the question of secondary gain in the form of continuing her prescriptions for narcotic pain medication.

Causation

53. The claimant in a worker's compensation case has the burden of proving an injury caused by an accident arising out of and in the course of employment. The proof must establish a probable, not merely a possible, connection between cause and effect to support the contention that the claimant suffered a compensable injury. *Callantine v. Blue Ribbon Linen Supply*, 103 Idaho 734, 653 P.2d 455 (1982); *Vernon v. Omark Industries*, 115 Idaho 486, 767 P.2d 1261 (1989). Moreover, there must be medical testimony supporting the claim for compensation to a

reasonable degree of medical probability. *Bowman v. Twin Falls Construction Co., Inc.*, 99 Idaho 312, 581 P.2d 770 (1978). "Magic words" are not required. *Jensen v. City of Pocatello*, 135 Idaho 406, 18 P.3d 211 (2000). A claimant is required to prove by a preponderance of the evidence that a claimed injury was caused by a compensable accident. *Henderson v. McCain Foods, Inc.*, 142 Idaho 559 at 563, 130 P.2d 1097 (2006).

54. Here, Claimant unquestionably suffered an accident and injury when she fell from the bus steps on January 9, 2008. That injury has been consistently described as a cervical and lumbar strain.

55. Initially, the ER doctor recorded only diffuse upper thoracic tenderness with reports of pain in both arms and legs. Claimant showed no scrapes, no bruises, and no objective signs of even mild trauma. The upper thoracic tenderness was not inconsistent with preexisting shoulder complaints – she has a congenital type III acromion – for which she had previously received chronic treatment.

56. Claimant's reported symptoms changed between the initial ER visit and her first post-accident visit with NP Stolte. To NP Stolte, Claimant reported grossly non-anatomical pains and paresthesia, swiftly migrating locations of pain, inconsistent responses to testing upon examination, and unreasonable variances in the intensity of pain. From physician to physician, from visit to visit, the major consistency was Claimant's focus upon obtaining narcotic pain medication. Because her addictive tendency was well documented before the industrial accident, it is unreasonable to assign a causal link between her addiction and the industrial accident. No physician has opined such a link exists.

57. Although the accident on January 9, 2008 is found to have occurred, it was suspiciously timely because NP Stolte had discontinued Claimant's longstanding prescriptions

for narcotics as recently as mid-November 2007. The record contains no evidence regarding how much narcotic medication Claimant had stockpiled, if any, or how much she rationed that potential stockpile. Additionally, Claimant later made frank admissions of her fear of withdrawal.

58. The consistent diagnoses among medical providers and experts were for cervical and/or lumbar strain. Whether either strain had a permanent, temporary, or no effect at all upon her preexisting upper and lower back conditions depends upon how much of Claimant's prior medical records were available to a particular medical provider or expert and whether he or she believed Claimant's reported history and allegations of pain. At no time did any diagnostic imaging or examination testing show a truly objective basis upon which to ascribe an acute trauma as the likely cause of Claimant's complaints. All of Claimant's complaints were easily compatible with her degenerative conditions in her spine and extremities.

59. Claimant established it likely that she sustained a strain of both her cervical and lumbar areas in the industrial accident. She alleged a reasonable chronological link between that accident and the onset of symptoms from her degenerative cervical spine. She alleged, but failed to prove, a likely causal link. She alleged, but failed to show, a change in her lumbar complaints before and after the accident. Claimant failed to show an objective basis upon which to establish a likely causal link between that accident and her degenerative spine condition.

Medical Care/TTD Benefits

60. Temporary disability benefits are statutorily defined and calculated for the time when a claimant is in a period of recovery. *Idaho Code* § *72-408, et. seq.* Upon medical stability, a claimant is no longer in the period of recovery. *Jarvis v. Rexburg Nursing Center,*

136 Idaho 579, 586, 38 P.3d 617 (2001); *Hernandez v. Phillips*, 141 Idaho 779, 781, 118 P.3d 111 (2005).

61. An employer is required to provide reasonable medical care for a reasonable time. *Idaho Code § 72-432(1).* Upon Dr. Adams' examination and evaluation, Employer had a reasonable basis for discontinuing medical care benefits and for discontinuing TTDs.

62. Claimant's *ad hominem* attack on Dr. Adams is noted and was seriously considered. However, Claimant failed to show a persuasive factual basis upon which to find Dr. Adams' examination or opinions to be inaccurate in this instance. Claimant failed to show a likely basis upon which to choose another treater's opinion or another expert's opinion over Dr. Adams'. Strains of the type diagnosed here could well have resolved to baseline and MMI by the time of Dr. Adams' evaluation. The record shows these strains likely did.

63. NP Stolte's additional treatment beyond the date of medical stability as declared by Dr. Adams was not related to the industrial accident. Moreover, the record does not unequivocally demonstrate that Claimant showed gradual improvement thereafter from NP Stolte's care. Thus, whether NP Stolte's treatment was reasonable remains an open question. *See, Sprague v. Caldwell Transportation, Inc.*, 116 Idaho 720, 779 P.2d 395 (1989). Moreover, Claimant has failed to cooperate with reasonable recommendations for physical therapy, home exercise, and walking. Instead, she remains sedentary.

64. Chiropractor Bailey's records are somewhat inconsistent with his deposition testimony. However, this inconsistency is unimportant to any question at hand. Five visits closely spaced in the summer of 2006 and three more visits closely spaced in the summer of 2007 are, in this case, insufficient bases to show it likely that Claimant had preexisting

neck complaints. More relevant are the records of NP Stolte, which show shoulder pains before the accident which are reasonably consistent with the diffuse upper thoracic tenderness Claimant reported to the ER doctor on the date of the accident.

65. Dr. Colburn's opinions are well explained and are respected. However, his opinions rely upon the accuracy of Claimant's recitation of her history and symptoms. These opinions are thus based upon a shaky foundation.

66. Dr. Larson's opinions are similarly well explained and are respected. However, having first examined Claimant on August 17, 2010, his involvement was too remote in time to accept his opinion about MMI. His opinions that the strains did not aggravate underlying conditions or were, at most, only temporary aggravations of underlying degenerative conditions which returned to pre-accident baseline, are persuasive.

67. Dr. Colburn's and Dr. Larson's opinions represent reasonable differences among professionals of exceptional standing in the community.

68. Claimant established she was entitled to TTDs to the date of Dr. Adams' evaluation, but not more.

69. Claimant established she was entitled to medical care to the date of Dr. Adams' evaluation. She is further entitled to benefits for palliative medical care to the extent Defendants already paid for it, but not more.

CONCLUSIONS OF LAW

1. Claimant sustained an injury – a lumbar and cervical strain – in a compensable industrial accident on January 9, 2008;

2. She is entitled to TTDs and medical care benefits to February 19, 2009, and for palliative medical care benefits to the extent already paid for by Defendants;

3. Claimant failed to show it likely her injury accelerated, exacerbated, or lit up any underlying degenerative conditions that existed before the industrial accident.

RECOMMENDATION

The Referee recommends that the Commission adopt the foregoing Findings of Fact and Conclusions of Law as its own and issue an appropriate final order.

DATED this __7TH__ day of March, 2012.

INDUSTRIAL COMMISSION

/S/_____
Douglas A. Donohue, Referee

ATTEST:

/S/_____
Assistant Commission Secretary db

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

KATHERINE HARRIS, Claimant, v. INDEPENDENT SCHOOL DISTRICT NO. 1, Employer, and IDAHO STATE INSURANCE FUND, Surety, Defendants.	**IC 2008-002039** **ORDER** **FILED APR 6 2012**

Pursuant to Idaho Code § 72-717, Referee Douglas A. Donohue submitted the record in the above-entitled matter, together with his recommended findings of fact and conclusions of law to the members of the Idaho Industrial Commission for their review. Each of the undersigned Commissioners has reviewed the record and the recommendations of the Referee. The Commission concurs with these recommendations. Therefore, the Commission approves, confirms, and adopts the Referee's proposed findings of fact and conclusions of law as its own.

Based upon the foregoing reasons, IT IS HEREBY ORDERED that:

4. Claimant sustained an injury – a lumbar and cervical strain – in a compensable industrial accident on January 9, 2008;

5. She is entitled to TTDs and medical care benefits to February 19, 2009, and for palliative medical care benefits to the extent already paid for by Defendants;

6. Claimant failed to show it likely her injury accelerated, exacerbated, or lit up any underlying degenerative conditions that existed before the industrial accident.

4. Pursuant to Idaho Code § 72-718, this decision is final and conclusive as to all matters adjudicated.

DATED this 6TH day of APRIL, 2012.

INDUSTRIAL COMMISSION

/S/_____
Thomas E. Limbaugh, Chairman

/S/_____
Thomas P. Baskin, Commissioner

/S/_____
R. D. Maynard, Commissioner

ATTEST:

/S/_____
Assistant Commission Secretary

CERTIFICATE OF SERVICE

I hereby certify that on the ____6TH____ day of _____APRIL_____, 2012, a true and correct copy of ***FINDINGS, CONCLUSIONS, AND ORDER*** *were served by regular United States Mail upon each of the following:*

NED A. CANNON
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db

/S/_____