STATE OF WASHINGTON DEPARTMENT OF HEALTH ADJUDICATIVE SERVICE UNIT

In Re: Certificate of Need Decision Denying)	
)	Master Case Nos. M2008-117722
CERTIFICATE OF NEED APPLICATION OF)	M2008-117724
ODYSSEY HEALTHCARE OPERATING B, LP)	M2008-117725
AND IT'S PARENT COMPANY, ODYSSEY)	
HEALTHCARE, INC., TO ESTABLISH A)	DECLARATION OF SERVICE
MEDICARE CERTIFIED/MEDICAID)	BY MAIL
ELIGIBLE HOSPICE AGENCY TO SERVE)	
THE RESIDENTS OF KING, PIERCE, AND)	
SNOHOMISH COUNTIES)	
Petitioner)	

I declare under penalty of perjury, under the laws of the state of Washington, that the following is true and correct:

On December 10, 2009, I served a true and correct copy of the Final Order Approving Settlement and Granting Odyssey's King County Hospice Application, signed by the Presiding Officer on December 8, 2009, by placing same in the U.S. mail by 5:00 p.m., postage prepaid, on the following parties to this case:

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DATED: This 10th day of December, 2009

Michelle Singer, Adjudicative Clerk Office

Adjudicative Clerk

cc: Janis Sigman, Program Manager
DECLARATION OF SERVICE BY MAIL