October 2016 Public Board Actions List

Georgia Composite Medical Board Attn: **Mr. Reginald Hawthorne**, Public Records Unit 2 Peachtree Street, N.W., 36th Floor Atlanta, Georgia 30303-3465 PH: (404) 463-8903 FX: (404) 656-9723 Email: <u>reginald.hawthorne@dch.ga.gov</u>

The Board issued **two** public orders in October 2016. To view each Board order, click on the licensee's name below.

James Micahel Desantis, M.D.
030595
Physician
Board Order Terminating Consent Order

2. Anthony Junco, Jr., M.D.038821PhysicianAmended Public Consent Order

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

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IN THE MATTER OF:
JAMES MICHAEL DESANTIS, M.D.,
License No. 30595,
Respondent.

GEORGIA COMPOSITE MEDICAL BOARD OCT 1 1 2016 DOCKET NUMBER:

BOARD ORDER TERMINATING PUBLIC CONSENT ORDER

1.

The Georgia Composite Medical Board ("Board") entered a Public Consent Order ("Order") in the above-styled matter on or about October 10, 2013, Docket No. 10130025, which reinstated Respondent's license to practice medicine in the State of Georgia subject to terms and conditions.

2.

On or about August 31, 2016, the Board received a petition from the Respondent to terminate probation. The Board reviewed the petition and Respondent's compliance with the terms of the Order and determined Respondent has complied with the terms and conditions of probation.

Based on the foregoing, the Board hereby terminates the probation of Respondent's license. Respondent's license is returned to unrestricted status and is in good standing.

SO ORDERED, this 11th day of October, 2016.

GEORGIA COMPOSITE MEDICAL BOARD



Chairperson

ATTEST:

ROBERT JEFFERY, MBA Executive Director



BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD STATE OF GEORGIA

IN THE MATTER OF ANTHONY JUNCO, JR., M.D.,)	DOCKET NO.:	GEORGIA GOMPOSITE MEDICAL BOARD
License No. 038821,)		OCT 0 6 2016
Respondent.)		DOCKET NUMBER:

AMENDED PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and Anthony Junco, M.D. ("Respondent"), this Consent Order is an amendment of the July 21, 2015, Consent Order, Respondent previously entered into. This Amended Public Consent Order is entered into pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A § 50-13-13(a)(4), <u>as amended</u>.

FINDING OF FACTS

1.

Respondent is licensed to practice medicine in the State of Georgia and was licensed, except when specifically noted otherwise, at all times relevant to the matters stated herein, while on probation. Respondent's license expires on November 30, 2017.

2.

On or about November 15, 2005, Respondent pled guilty to one count of obtaining controlled substances by fraud and was sentenced to three months confinement followed by one year of probation.

3.

On or about November 2, 2006, Respondent voluntarily surrendered his DEA permit and voluntarily surrendered his license to practice medicine in the State of Georgia, waiving any

rights he had to a hearing in that matter. (See, Exhibit "A"). Respondent understood that upon applying for reinstatement, it would be incumbent upon him to demonstrate to the satisfaction of the Board that he was able to practice medicine with reasonable skill and safety to the public.

4.

In September of 2007, Respondent obtained treatment for drug and alcohol abuse with an addictionologist in Savannah, Georgia. Respondent was compliant with his treatment program.

5.

In July of 2007 Respondent applied for reinstatement of his license to practice medicine in Georgia, but Board Rule 360-2-.07 required a minimum of two years to pass from the date of any revocation of a license before the Board would consider an application for reinstatement.

6.

On or about November 6, 2008, Respondent entered into a Public Consent Order with the Board, which reinstated the Respondent's license to practice subject to, but not limited to the following terms and conditions (See, Exhibit "B"):

- a) Respondent was ordered to participate in individual meetings with a board approved monitoring addictionologist and to comply with all other terms of his treatment plan;
- b) Respondent was ordered to designate an acceptable workplace supervising physician who would supervise his work;
- c) Respondent was ordered to obtain prior written Board approval through the Medical Director for any changes in his monitoring and supervising physicians;
- d) Respondent was ordered to submit quarterly reports from his monitoring and supervising physicians regarding his performance and mental/physical condition by March 31, June 30, September 30 and December 31 of each calendar year;

- e) Respondent was ordered to completely abstain from the consumption of alcohol and mood altering substances, except as prescribed by a duly licensed practitioner for a legitimate medical purpose;
- f) Respondent was ordered to submit to drug/alcohol screen tests upon the request of the Board, its representatives, or the Respondent's monitoring or supervising physicians;
- g) Respondent was limited to practicing medicine for no more than forty hours per week;
- h) The Board was given authority to order Respondent to undergo a physical or mental evaluation by a physician designated by the Board;
- Respondent was advised that if he failed to abide by any laws, rules, or was otherwise unable to practice medicine with reasonable skill and safety to patients, or if he violated any terms of the monitoring set forth in the Order, the Board in its discretion could permanently revoke Respondent's license, upon substantiation thereof, after notice and hearing;
- Respondent understood that the contents of the Public Consent Order would be placed on his Physician Profile; and
- k) Respondent understood that he would not be eligible to petition for termination of probation until five years of continuous sobriety from the effective date of the Consent Order.

7.

On or about April 1, 2010, Respondent entered into another Public Consent Order with the Board (See, Exhibit "C"), after the Board was notified on or about December 15, 2009, that "Respondent failed a urine drug screen for opioids, has relapsed, and requires further treatment."

8.

Based upon Respondent's aforementioned conduct his license to practice was suspended indefinitely, until further order of the Board. In addition, Respondent agreed to, but was not limited to the following terms and conditions:

- a) Respondent was ordered to enter and to successfully complete treatment for substance abuse at a facility or with physicians approved by the Board, and to comply with any recommended follow-up care.
- b) Respondent agreed that he could not petition to have the suspension of his license to practice medicine in Georgia lifted until he had received professional advocacy to return to the practice of medicine from an advocate acceptable to the Board.

9.

On or about October 7, 2011, after Respondent and his advocate met with a committee of the Board regarding Respondent's request to return to medical practice, Respondent entered into another Public Consent Order with the Board (See, Exhibit "D").

10.

Respondent presented evidence that he had successfully passed the SPEX¹ examination.

¹ The SPEX (is an examination of current knowledge requisite for the general, undifferentiated practice of medicine. The examination is used to re-examine a physician's ongoing level of basic medical knowledge and is intended for physicians who currently hold, or who have previously held, a valid, unrestricted license to practice medicine in the US or Canada.

The suspension of Respondent's license to practice medicine in Georgia was lifted and his license was placed on probation subject to, but not limited to the following terms and conditions:

- a) Respondent was ordered to participate in individual meetings with a board approved monitoring addictionologist and to comply with all other terms of his treatment plan;
- b) Respondent was ordered to designate an acceptable workplace supervising physician who would supervise his work;
- c) Respondent was ordered to obtain prior written Board approval through the Medical Director for any changes in his monitoring and supervising physicians;
- d) Respondent was ordered to submit quarterly reports from his monitoring and supervising physicians regarding his performance and mental/physical condition by March 31, June 30, September 30 and December 31 of each calendar year;
- e) Respondent was ordered to completely abstain from the consumption of alcohol and mood altering substances, except as prescribed by a duly licensed practitioner for a legitimate medical purpose;
- f) Respondent was ordered to submit to drug/alcohol screen tests upon the request of the Board, its representatives, or the Respondent's monitoring or supervising physicians;
- g) Respondent was limited to practicing medicine for no more than thirty hours per week, although he could petition to have this work restriction lifted after he had practiced for three months;

- h) Respondent was ordered to limit prescribing only those controlled substances, as defined by the Federal or Georgia Controlled Substances Act, for patients using an institutional DEA permit and to maintain records in the manner specific in the Order for all controlled substances written by Respondent;
- Respondent understood that he could reapply for his DEA permit, but if it was reinstated he could not utilize it other than as an institutional permit until he had obtained express written permission from the Board;
- j) Respondent was ordered not to employ or to supervise any Physician Assistants or Nurse Practitioners in his practice of medicine, but he could petition the Board three months after he returned to practice to do so;
- k) Respondent was advised that if he failed to abide by any laws or rules, or was otherwise unable to practice medicine with reasonable skill and safety to patients, or if he violated any terms of the monitoring set forth in the Order, the Board in its discretion could permanently revoke Respondent's license, upon substantiation thereof after notice and hearing;
- Respondent understood that the contents of the Public Consent Order would be placed on his Physician Profile; and
- m) Respondent understood that he would not be eligible to petition for termination of probation until after five years of continuous sobriety from the effective date of the Consent Order.

On or about March 7, 2012, in response to Respondent's request to modify his work hours, the Board amended the October 7, 2011 Public Consent Order, whereby Respondent was permitted to increase his hours of work to forty hours per week (See, Exhibit "E").

13.

On or about July 12, 2012, in response to another request to modify Respondent's work hours, the Board amended the March 7, 2012 Public Consent Order, whereby Respondent was permitted to increase his hours of work to forty-eight hours per week (See, Exhibit "F").

14.

On or about March 8, 2014, in response to Respondent's request to allow him to employ or supervise physician assistants and nurse practitioners in his practice of medicine, the Board amended the October 7, 2011, Public Consent Order, whereby Respondent was permitted to employ or supervise physician assistants and nurse practitioners in his practice of medicine (See, Exhibit "G").

15.

On or about June 6, 2014, in response to Respondent's petition to terminate his probation, the Board determined that the Respondent had complied with all of the terms and conditions of his probation. Therefore, the Board terminated Respondent's probation, which he had been placed on by the October 7, 2011 Public Consent Order (See, Exhibit "H").

16.

In or about June of 2015, the Board received information that Respondent's participation in a Board approved monitoring program was terminated for non-compliance issues, including Respondent's diversion for his own use, of Tramadol, a Schedule IV

12.

controlled substance, that he received from a relative. Respondent admitted to this finding of fact (See, Exhibit "I").

17.

Therefore, on or about July 21, 2015, Respondent entered into a Public Consent Order (See, Exhibit "I") in which he was ordered to and agreed to have his license placed on probation until further order of the Board subject to the following terms and conditions:

- a) Respondent was ordered to enter into a monitoring agreement with a Board approved monitoring physician and abide by all terms of the agreement, which included but were not limited to attendance at AA, weekly small group and Caduceus meetings, regular meetings with the monitoring physician, medication management, and participation in a random witnessed urine drug/alcohol screening program, which included screening for all prescribed medications.
- b) Respondent was ordered to designate an acceptable workplace supervising physician who would supervise his work and to designate an acceptable treating monitoring physician with whom he was to continue therapeutic care and who would monitor Respondent's compliance with the monitoring contract and any medications prescribed to Respondent.
- c) Respondent was ordered to personally meet with both the supervising and monitoring physicians at least once per quarter.
- d) Respondent was ordered to obtain prior written Board approval through the Medical or Executive Director for any changes in his supervising and monitoring physicians;
- e) Respondent was ordered to submit quarterly reports from his supervising and monitoring physicians regarding his performance and mental/physical condition by

March 31, June 30, September 30 and December 31 of each calendar year, with said report to include a report on medications being prescribed to Respondent.

- f) As part of the Consent Order, Respondent agreed that a failure to submit or have such aforementioned reports submitted in a timely manner was a violation of the Consent Order;
- g) Respondent was ordered to completely abstain from the consumption of alcohol and mood altering substances, except as prescribed by a duly licensed practitioner for a legitimate medical purpose.
- h) As a part of the Consent Order Respondent agreed to abide by all the terms of the Consent Order, and further agreed that any violation of the Consent Order would be deemed sufficient to authorize the Board to order summary suspension of his license, pursuant to the provision of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-18(c)(1), or any other statute authorizing emergency action.
- As a part of the Consent Order Respondent acknowledged that he had read the Consent Order, understood its contents, and signed said Consent Order on or about July 17, 2015.

18.

In July of 2015, Respondent resumed monitoring with Dr. R. Gaskin, a Board approved monitoring physician, who started Respondent on buprenorphine (Suboxone) therapy.²

19.

On or about September 29, 2015, Dr. Gaskin informed the Board that Respondent had had passed all drug and alcohol screens and appeared to be in recovery. (See, Exhibit "J")

² Buprenorphine is an opioid partial agonist, used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine.

In October of 2015, Respondent informed Dr. Gaskin that Respondent's relative who had been living with him had stolen his Suboxone and that he was missing a fifteen day supply of Suboxone tablets (See, Exhibit "K").

21.

Respondent's relative provide a notarized statement in which he stated that he was a heroin addict and that he moved in with Respondent intending to get a job, to get clean, and to start fresh. However, he stated that when he started going through withdrawals he took Respondent's Suboxone (See, Exhibit "L").

22.

Dr. Gaskin, who, previously replaced in August of 2015, some Suboxone Respondent had alleged had been stolen from him, refused to replace the Suboxone that Respondent had alleged his relative had stolen from him in October of 2015.

23.

In November of 2015, after Dr. Gaskin refused to replace Respondent's missing Suboxone, Respondent fearing acute opioid withdrawal visited a friend, Michael A. Hall, M.D., who had been treating Respondent for hypertension, right hip arthritis, and depression (See, Exhibit "M").

24.

Dr. Hall was aware that Respondent was being monitored by Dr. Gaskin and that Dr. Gaskin had been providing Respondent Suboxone as part of a drug and alcohol treatment program.

After Respondent's urine drug screen tested positive for only Suboxone, at Respondent's request, Dr. Hall gave Respondent a fifteen day supply of Suboxone and referred Respondent to Dr. D. Faulk, an addictionologist who had previously treated Respondent (See, Exhibit "M").

26.

On November 17, 2015, Dr. Gaskin terminated his monitoring agreement with Respondent, because Respondent in violation of the monitoring agreement obtained unauthorized medications from Dr. Hall (See, Exhibit "N").

27.

Just prior to being officially terminated by Dr. Gaskin, Respondent enrolled in St. Joseph's Candler Medical Group ("St. Joseph") Suboxone Program, where he was started on Suboxone therapy, after he tested positive for only Suboxone (See, Exhibit "O").

28.

Respondent continued to participate in St. Joseph's Suboxone Program and comply with the terms of that program, which included regular urine drug screen tests while trying to find a Board approved monitoring physician, through February of 2016.

29.

After Dr. Gaskin terminated Respondent's treatment, Respondent contacted Dr. David Faulk.

30.

On or about November 28, 2015, Respondent informed the Board that he was going to be monitored by Dr. Faulk.

However, in December of 2015, before Respondent had started treatment with Dr. Faulk, Dr. Faulk informed Respondent that he was retiring and would not be able to work with Respondent. Dr. Faulk referred Respondent to another physician to serve as his monitoring physician.

32.

In February of 2016, the Board informed the Respondent that they did not approve of the monitoring physician Dr. Faulk had recommended, and Respondent was advised to obtain a different monitoring physician.

33.

In March of 2016, Respondent and / or his supervising physician Dr. R. Bishara, the medical director at Georgia Regional Hospital in Savannah submitted the December 2015 quarterly report, which indicated that since the July 21, 2015 Consent Order, Respondent had in accordance with that order worked with his Board approved supervising physician (See, Exhibit "P").

34.

In March of 2016, Respondent proffered the name of another monitoring physician to the Board for its approval.

35.

That physician provided the Board with test results from a current urine drug screen that indicated that Respondent was still testing positive for only Suboxone. (See, Exhibit "Q").

In April of 2016, the Board rejected the proffered monitoring physician Respondent had submitted for the Board's approval.

37.

Respondent and the Board continued to work together to find a monitoring physician that would be mutually agreeable to both parties.

38.

On June 25, 2016, the Board was informed that Respondent was being monitoring by Dr. Susan K. Blank, who was a Board approved monitoring physician (See, Exhibit "R").

39.

Dr. Blank informed the Board that Respondent was complying with the terms of the physician's treatment program and the Board's requirement for treatment by a monitoring physician.

40.

As set forth in the aforementioned facts, Respondent has failed to comply with the July 21, 2015, Consent Order. Respondent's violations of that Consent Order include:

- a) Obtaining and consuming Suboxone, a mood altering substances, not prescribed by his Board approved supervising physician; and,
- b) Failing to timely submit his December 31, 2015, quarterly report from his supervising and monitoring physicians regarding his performance and mental/physical condition.

41.

Respondent admits the above findings of fact and hereby waives any further findings of fact with respect to the above-styled matter.

CONCLUSIONS OF LAW

Respondent's conduct and the above Findings of Facts constitute sufficient grounds for the imposition of sanctions, modifications and /or amendments to the July 21, 2015 Public Consent and /or sanctions therein, and /or other conditions upon Respondent's license to practice medicine in the State of Georgia pursuant to O.C.G.A.§§ 43-34-8 and 43-1-19. Respondent does not contest the Board's authority to enter the following order.

ORDER

The Board having considered all the particular facts and circumstances of this case, hereby orders, and the Respondent hereby agrees, that Respondent's license shall be remain on period of probation for a period of three years from date this order is docketed, subject to the following terms and conditions.

1.

(a) <u>Continuing Care and Monitoring</u> - Respondent shall enter into a monitoring agreement with a Board approved physician ("monitoring physician") and abide by all terms of the agreement. Terms of the agreement shall include, but not be limited to, attendance at AA and weekly small group and Caduceus meetings, regular meetings with the monitoring physician, medication management, and participation in a random, witnessed urine drug/ alcohol screening program, to include screening for all prescribed medications. Respondent shall provide the Board with an executed copy of said agreement within 14 days of the effective date of this Order.

(b) <u>Supervision and Monitoring</u> - Respondent shall continue to work with his supervising physician who will continue to supervise Respondent's work and an acceptable treating ("monitoring") physician with whom he will continue therapeutic care and who will monitor compliance with the monitoring contract and any medications prescribed to Respondent.

Respondent shall personally meet with both the supervising and monitoring physicians at least once per quarter. Respondent shall provide a copy of this Order to both the supervising and the monitoring physicians. Each physician shall sign a statement to be submitted in conjunction with this Order, or within 10 days of the effective date of this Order, as evidence of having read and understood the same and having agreed to serve as Respondent's supervising and monitoring physicians. Respondent shall obtain <u>prior written</u> Board approval through the Medical or Executive Director for any change in supervising and monitoring physicians.

(c) <u>Quarterly Reports</u> - Respondent shall submit or cause to be submitted quarterly reports from his supervising and monitoring physicians regarding his performance and mental/ physical condition by March 31, June 30, September 30 and December 31 of each calendar year, including a report on any medication being prescribed to Respondent. Failure to submit or have such reports submitted in a timely manner shall be considered a violation of the Consent Order. It is expected that said supervising and monitoring physicians shall be in communication with each other and will immediately report any change in Respondent's condition that would render Respondent unable to practice medicine with reasonable skill and safety to patients. By executing the Consent Order, Respondent specifically consents to such supervising and monitoring physicians or any other facility where Respondent obtains medical treatment reporting upon Respondent's condition, notwithstanding any privilege provided by state or federal law. Respondent shall obtain <u>prior</u> Board approval through the Medical or Executive Director for any change in the supervision or monitoring physician.

(d) <u>Abstain from Mood Altering Substances</u> -Respondent shall completely abstain from the consumption of alcohol and mood altering substances, except as prescribed by a duly licensed practitioner for a legitimate medical purpose. If such treatment entails the use of

narcotics or other potentially addictive substances, Respondent shall have his physician obtain a consultation with the Board approved monitoring physician, who shall notify the Medical or Executive Director within ten (10) calendar days of the event.

(e) <u>Drug/Alcohol Screens</u> - The Board or its representative of Respondent's supervising or monitoring physician shall have the authority at any time to order Respondent to undergo witnessed and immediate drug/alcohol urine, biological fluid, hair sample, or blood screen analysis at Respondent's expense. Respondent further agrees that all alcohol/ drug screens submitted to the Board pursuant to this paragraph shall be admissible in any administrative hearing concerning the Respondent without the necessity of establishing chain of custody or other testimony to authenticate the test results. Refusal to undergo a properly requested drug/alcohol, biological fluid, hair sample or blood screen analysis shall be considered a violation of this Consent Order and shall be grounds for revocation of Respondent's license to practice medicine in the State of Georgia.

(f) <u>Further Evaluation</u> - At any time during the period of probation, the Board shall also have the authority to order Respondent to undergo a physical or mental evaluation by a physician or facility designated by the Board. Respondent shall execute such releases as may be required for the Board to obtain the results of such evaluations.

(g) <u>Periods of Residency Outside Georgia or Periods When Not Actively Practicing</u> <u>Medicine</u> - In the event that Respondent should leave Georgia to reside or practice outside of Georgia for periods longer than thirty (30) consecutive days, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residency or practice outside of Georgia as well as periods when Respondent is not actively engaged in practicing as a physician

will not apply toward the reduction of Respondent's probation period, except as authorized by the Board.

(h) <u>Employment/ Residency Change</u> - Respondent shall advise the Board of any change in address of record or employment status within 10 days of the change.

(i) <u>Abide By Laws, Rules and Terms</u> - Respondent shall abide by all State and Federal laws regulating the practice of medicine or relating to drugs, the Rules and Regulations of the Georgia Composite Medical Board and the terms of this Consent Order. If Respondent shall fail to abide by such laws, rules or terms, or if it should appear from reports submitted to the Board that Respondent is otherwise unable to practice medicine with reasonable shill and safety to patients, Respondent's license shall be subject to further discipline, including revocation , upon substantiation thereof after notice and hearing, and if revoked, the Board in its discretion may determine that the license should be permanently revoked and not subject to reinstatement. Respondent further agrees that any violation of this Consent Order shall be deemed to be sufficient to authorize the Board to order **summary suspension** of Respondent's license, pending further proceedings, pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A § 50-13-18(c)(1), or any other statute authorizing emergency action, but Respondent understands that he shall be entitled to an expedited hearing to substantiate such violation(s), if the Board exercises such right.

(j) <u>Termination of Probation</u> - Respondent shall not be eligible to petition for termination of probation until three (3) years from the effective date of this Consent Order. At such time, Respondent my petition for termination of probation by certifying under oath before a notary public that he has complied with all conditions of probation and by providing documentation supporting discharge from probation, including, but not limited to, written statement from

Respondent's supervising and monitoring physicians in support of Respondent's petition to terminate probation. The Georgia Composite Medical Board shall review and evaluate the practice of Respondent prior to terminating the probation period. At such time, the Board shall be authorized, but is not required, to terminate probation. If the Board denies Respondent's petition for termination of probation, Respondent may petition for termination of probation on an annual basis thereafter. In any event, the Consent Orde4r shall remain in effect pending a final determination by the Board and notification that the probation period has terminated.

2.

This Consent Order and dissemination thereof shall be considered a **PUBLIC REPRIMAND** of Respondent by the Board. Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Board to update the Physician's Profile reflecting this Consent Order.

3.

Approval of this Consent Order by the Georgia Composite Medical Board shall in no way be construed as condoning the Respondent's conduct and shall not be construed as a waiver of any of the lawful rights possessed by the Board.

4.

Respondent acknowledges that he has read the Consent Order and understands its contents. Respondent understands that he has a right to a hearing before the Board, and freely, knowingly, and voluntarily waives that right. Respondent understands that the Consent Order will not become effective until approved and docketed by the Georgia Composite Medical Board. Respondent further understands and agrees that the Board shall have the authority to review all relevant evidence in considering the Consent Order. Respondent further understands that the Consent Order, once approved, shall constitute a public record that may be disseminated as a disciplinary action of the Board. However, if that Consent Order is not approved, it shall not constitute an admission against interest in the proceeding, or prejudice the right of the Board to adjudicate the matter. Respondent consents to the terms and conditions contained herein.

Approved this <u>Let</u> day of October , 2016.

GEORGIA COMPOSITE MEDICAL BOARD

Sille, BY: (BOARD JOHN S. ANTALIS, M.D. Chairperson CELORGIA ATTEST: ROBERT JEFFERY Executive Director CONSENTED TO: ANTHONY JUNCO, JR., M.D. Respondent

AS TO ANTHONY JUNCO, JR, M.D. Sworn to and subscribed before me this, <u>the</u> day of <u>Scokenber</u>, 2016.

