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OFFICE OF
HEARING EXAMINER

BEFORE THE HEARING EXAMINER
CITY OF SEATTLE

In the matter of the Appeal of:

WASHINGTON COMMUNITY ACTION
NETWORK, et al.

Of a decision by the Director of the Department
of Planning and Development

File No. MUP 15-010

DPD # 3012953

CERTIFICATE OF SERVICE

TO: WASHINGTON COMMUNITY ACTION NETWORK, and Claudia Newman,
its representative;

AND TO: CONCERNED NEIGHBORS OF SWEDISH CHERRY HILL, and Troy Meyers,
its representative;

AND TO: CITIZENS ADVISORY COMMITTEE, and Dean Paton, its representative;

AND TO: SQUIRE PARK COMMUNITY COUNCIL, and Bill Zosel, its representative;

AND TO: CHERRY HILL COMMUNITY COUNCIL, and Mary Pat Dileva, its
representative;

AND TO: 19TH AVE BLOCK WATCH, and Vicky Schiantarelli, its representative;

AND TO: STEPHANIE HAINES, City of Seattle Department of Planning and
Development;

AND TO: SABEY DEVELOPMENT CORPORATION, and John McCullough, Courtney
A. Kaylor, Katie Kendall, its representatives

CERTIFICATE OF SERVICE- 1

ORIGINAL

FOSTER PEPPER PLLC
1111 THIRD AVENUE, SUITE 3400
SEATTLE, WASHINGTON 98101-3299
PHONE (206) 447-4400 FAX (206) 447-9700

1 I, L. Alexandra Sandiforth, declare as follows:

2 I am employed by Foster Pepper PLLC, which represents Swedish Medical Center
3 Cherry Hill. I served a copy of the NOTICE OF APPEARANCE and this CERTIFICATE OF
4 SERVICE on the following parties via electronic mail and U.S. First Class mail:

5
6 Claudia M. Newman
7 Bricklin & Newman, LLP
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9 Troy Meyers
10 Concerned Neighbors of Swedish Cherry Hill
11 1705 E. Columbia Street
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13 Bill Zosel
14 Squire Park Community Council
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Mary Pat Dileva
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16 Vicky Schiantarelli
17 19th Avenue Block Watch
18 541 19th Avenue
19 Seattle, WA 98122
20 Email: vickymatsui@hotmail.com

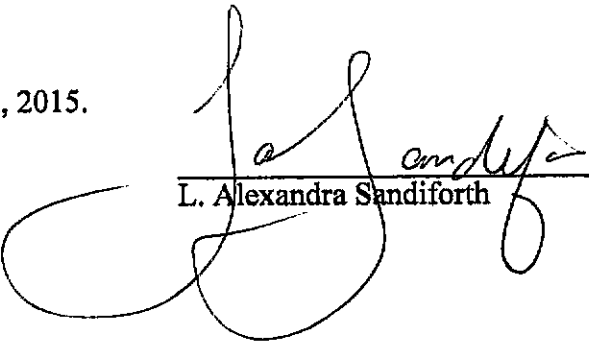
John C. McCullough
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21
22
23 I declare under penalty of perjury under the laws of the State of Washington that the
24 foregoing is true and correct to the best of my knowledge and belief.
25
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CERTIFICATE OF SERVICE- 2

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1 DATED this 9th day of April, 2015.

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L. Alexandra Sandiforth

CERTIFICATE OF SERVICE- 3

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