| IN THE S | | | E COURT OF DEKALB COUNTY STATE OF GEORGIA | | | For Court Use Only |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------|
| | PATRICK C. DESMOND AND MARY C. DESMOND, INDIVIDUALLY AND MARY C DESMOND AS ADMINISTRATRIX OF THE ESTATE OF PATRICK C. DESMOND NARCONON OF GEORGIA, INC., DELGADO DEVELOPMENT, INC., SOVEREIGN PLACE, LLC, SOVEREIGN PLACE APARTMENT MANAGEMENT, INC., LISA CAROLINA ROBBINS, M.D. THE ROBBINS GROUP, INC., AND NARCONON INTERNATIONAL | | | | VTIFFS | GINAL |
| PLACE CARO | | | | | NDANTS | AM 8: 46 |
| ATTORNEY: HARRIS PENN & LOWRY LLP 817 WEST PEACHTREE STREET, SUITE 1105 ATLANTA, GEORGIA 30308 | | | | TELEPHONE NUMBER: 404-961-7650 ATTORNEY FOR: | | Civil Action Number |
| AFF | FIDAVIT OF SERVICE | E Cou | rt Date: | Cou | ırt Time: | |
| 2. | Management, Inc. Pla Place, LLC., Plaintiff's Representative of Dia | intiff's First Rec First Request fo I Services and J | quest for Admissions to Defendant | Sovereign F | Place, LLC, Plaintiff's F | Defendant Sovereign Place Apartment irst Interrogatories to Defendant Sovereign tion and Order for appointment of a |
| | Entity Served: | | | | Time Served: | |
| | Service Address: | | BRIDGE ROD UNTAIN, GEORGIA 30087 | | | 1:35 P.M. |
| 3. | | | v in item 2 with the service NTO THE HANDS OF LISA CAF | | - | |
| 4. | Agent Who Served Documents: J. Basham/Agent of Dial Services 3520 Stoney Creek Way Loganville, Georgia 30052 | | | I Declare under penalty of perjury under the laws of the State of Georgia that the statements above are true and accurate. (Signature) | | |
| 5. | Sworn to and su | | fore me this 26th day of M | 1ay, 2010 |). | |