

IN THE MATTER OF	*	BEFORE THE MARYLAND
Lawrence L. Rubin, M.D.	*	STATE BOARD OF
Respondent	*	PHYSICIANS
License Number: D37480	*	Case Number: 9917-0003A

CONSENT ORDER

On July 9, 2018, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged Lawrence L. Rubin, M.D. (the “Respondent”), License Number D37480, under the Maryland Medical Practice Act (the “Act”). Md. Code Ann., Health Occ. (“Health Occ.”) § 14-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.) The Respondent was charged under the following provision of Health Occ. § 14-404(a):

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine[.]

Other relevant statutory authority:

Md. Code Ann., Health Occ. (“Health Occ.”) § 1-302 (2014 Repl. Vol). Prohibited referrals; exceptions; disclosures.

(a) *Prohibited referrals.* -- Except as provided in subsection (d) of this section, a health care practitioner may not refer a patient, or direct an employee of or person under contract with the health care practitioner to refer a patient to a health care entity:

(1) In which the health care practitioner or the practitioner in combination with the practitioner’s immediate family owns a beneficial interest;

...

- (b) *Payment prohibited.* – A health care entity or a referring health care practitioner may not present or cause to be presented to any individual, third party payor, or other person a claim, bill, or other demand for payment for health care services provided as a result of a referral prohibited by this subtitle.
- (c) *Applicability of subsection (a).* – Subsection (a) of this section applies to any arrangement or scheme, including a cross-referral arrangement, which the health care practitioner knows or should know has a principal purpose of assuring indirect referrals that would be in violation of subsection(a) of this section if made directly.

DECLARATORY RULING 2006-1

On December 20, 2006, the Board issued Declaratory Ruling 2006-1 (the “Ruling”) that arose from petitions filed by two insurance companies, and subsequently included six medical practices as parties. One of the parties to the Ruling was Multispecialty Healthcare Group, LLC (“MS-HC, LLC”).^{1, 2}

The Board stated in pertinent part in the Ruling:

...
The Maryland Self Referral Law first flatly bans any self-referral and any arrangement or scheme which has a principal purpose of accomplishing self referrals[.]

...

VARIATION 3

...a physician who is an employee of the medical practice that provides the MRI scan evaluates the patient and orders the MRI to be done by that practice. The physician-employee does not have any beneficial interest in the medical practice.

¹ In order to maintain confidentiality, facility, employee and patient names will not be used in this document, but will be provided to the Respondent on request.

²(“MS-HC, LLC”) is a large Maryland based health care practice that specializes in Workers’ Compensation injuries and injuries patients sustained in motor vehicle accidents. Its ownership (including the Respondent) and entities are set forth below.

Variation 3, in which the referral is made by an employee physician, is a fact pattern that exists, as was made clear in the factual material submitted by...Multispecialty Healthcare. The Board is unable to make an all-encompassing ruling on all cases in which the referring physician is an employee of the practice. Referrals for MRI scans by employee physicians may or may not violate the Self-Referral Law, depending on the circumstances. First of all, an employee who is “directed” by an employer who is a beneficial owner to make the referral to the health care entity owned by the employer has made an illegal self-referral. § 1-302(a).

...
Also, if the referral is made according to an “arrangement” or “scheme” by which prohibited referrals are made indirectly, and which the referring physician knows or should know has as a principal purpose the making of otherwise prohibited referrals, the referral is illegal under the Self Referral Law. § 1-302(c)[.]

On November 14, 2018, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

I. FINDINGS OF FACT

Disciplinary Panel A finds:

Background

1. At all times relevant, the Respondent has been licensed to practice medicine in the State of Maryland. The Respondent was initially licensed on or about October 4, 1988, and his license is presently active through September 30, 2019.
2. The Respondent is an internist. He is not board-certified.
3. At all times relevant, the Respondent was and is at the time of these charges a part-owner of MS-HC, LLC, a limited liability company.

4. MS-HC, LLC is owned by the Respondent, an orthopedic surgeon (“Physician A”)³, and two non-practicing chiropractors. They each own approximately one quarter of the business.

5. MS-HC, LLC has four entities under the same tax identification number: Multispecialty Healthcare; a work rehabilitation facility (“Baltimore Work Rehabilitation”); an MRI Company (“MRIImages”); and a prescription management company (“MED, LLC”).

6. Multispecialty Healthcare has 22 office locations that are divided into three districts around the State, each headed by a District Manager.⁴

7. At all times relevant, Multispecialty Healthcare employed approximately 46 physicians, physician assistants, chiropractors, nurse practitioners, in addition to office and administrative staff.

8. At all times relevant, MRIImages had two locations, in Overlea and Hyattsville.

Complaint

9. On or about September 12, 2016, the Board received a complaint from a physician (the “complainant”) alleging that “Multispecialty Healthcare” possessed an MRI machine and was engaging in what appeared to be self-referral prohibited by Maryland law. The complainant had reviewed records at the request of an

³ Panel A initiated an investigation of Physician A, under MBP Case #9917-0002A.

⁴ The Respondent practices at four of the 22 locations: Erdman/North East/Sinclair Lane, Patterson Northwest, Belvedere Square/Towson, and Essex.

attorney, for the purpose of conducting an Independent Medical Evaluation of a patient (“Patient A”) who had been seen by Multispecialty Healthcare, and had received an MRI from MRImages, and (the complainant) noticed that both Multispecialty Healthcare and MRImages had the same addresses listed on their practice letterheads.

Board Investigation

10. The Board initiated an investigation of the allegations, which included conducting interviews and issuing subpoenas for: 1) a list of patients who had received MRI studies with the time period from November 1, 2016 to October 31, 2017; and 2) 10 medical and billing records for patients who had been referred to MRImages.

11. On or about June 30, 2017, Board staff notified the Respondent of its investigation of the complaint, requested a written response, and subpoenaed a list of the current owners and employees of Multispecialty Healthcare and MRImages.

12. On or about July 21, 2017, the Respondent submitted a written response to the Board, in which he stated that because “he” does not refer patients in need of MRI scans to MRImages he was not in violation of the Maryland Self-Referral Law.

13. The Board’s investigation is set forth below.

14. Based on information learned during the Board’s investigation, Multispecialty Healthcare, as part of its routine practice, policy, and procedure, operates in the following manner:

- a) In general, health care providers at Multispecialty Healthcare do not themselves specify which MRI facility the patient will be referred to,⁵ but will specify whether a patient needs an MRI, and whether the patient needs an open MRI or the use of contrast material on a standardized patient check-out form (“Multispecialty Healthcare Form”);
- b) Referrals of Multispecialty Healthcare’s patients to MRI facilities are handled by Multispecialty Healthcare’s office administrative staff upon patient check-out;
- c) When a physician or physician extender has ordered an MRI as noted on the Multispecialty Healthcare Form, administrative staff refer the patient to MRImages as a default choice;⁶
- d) Administrative staff routinely telephone MRImages and schedule the MRI for patients. The office staff provides the patient with Multispecialty Healthcare’s form that includes the date, time and directions to MRImages, once the appointment is scheduled;
- e) Patients who affirmatively object to receiving an MRI at MRImages because of distance or travel difficulty, are scheduled for an MRI at an MRI facility other than MRImages.

⁵ Providers may request that if a patient has had a MRI at a facility in the past that they return to the same facility for any additional MRIs for consistency purposes.

⁶ MRImages are not capable of doing open MRIs for patients who are claustrophobic, nor are they capable of doing MRI studies that require the use of contrast material. Patients requiring either service are referred to other MRI facilities. The Respondent’s patients and Physician A’s patients are referred to other MRI facilities.

15. The above referenced procedure is followed at all of Multispecialty Healthcare's offices and is part of the training administrative staff receive from Multispecialty Healthcare's corporate trainers. Multispecialty Healthcare's staff is informed of policy changes in meetings that include the District Managers, the Business Office Managers, the owners (which include Physician A and the Respondent) and the compliance staff.

16. As a result of Multispecialty Healthcare's office "protocol", administrative employees of the Respondent are instructed to, and do in fact refer the majority of its patients who have been ordered to undergo an MRI to MRImages, a company in which the Respondent holds an ownership interest. From November 1, 2016 through October 31, 2017, Multispecialty Healthcare referred patients to MRImages for approximately 2,797 MRI studies.⁷ These referrals comprised more than 95% of the MRI procedures performed at MRImages. In contrast, Multispecialty Healthcare provided records showing that it referred less than 500 patients to other facilities for an MRI during the same period.⁸ For every patient referred by Multispecialty Healthcare to a facility other than MRImages, Multispecialty Healthcare referred over five patients to its own facility, although it did not keep records of outside referrals until approximately March 2017.⁹

⁷ This total was obtained from a subpoenaed list of patients who had received MRI studies at MRImages during this time period.

⁸ This number does not include referrals by the Respondent and Physician A.

⁹ This statistic does not include referrals by the Respondent and Physician A.

17. On Multispecialty Healthcare’s website, Multispecialty Healthcare lists its range of services. As part of the list of services provided by Multispecialty Healthcare, the website lists “Magnetic Resonance Imaging (“MRI”).” Multispecialty Healthcare’s website directs potential patients to schedule their MRI by telephoning one of its two locations (Overlea and Hyattsville).¹⁰

INVESTIGATIVE INTERVIEWS

Interviews of Office Manager A

18. Board staff conducted two interviews under oath of Multispecialty Healthcare’s Baltimore Patterson Northwest’s (“Patterson’s”) Office Manager (“Office Manager A”) on September 25, 2017, and March 13, 2018. MS-HC, LLC’s counsel was present during both interviews.

September 25, 2017 Interview

19. Office Manager A has been employed by Multispecialty Healthcare for approximately 17 years, and has been in the capacity of office manager for approximately 12 years.

20. In response to questioning by Board staff regarding the routine for an MRI referral, Office Manager A stated that if the patient is not claustrophobic and had not been seen by either the Respondent or Physician A, the office routinely sends the patient to MRImages, and routinely schedules the patient appointment for them. Office Manager A stated that if for some reason a patient did not want to go to

¹⁰ On or about June 7, 2018, Board staff contacted MRImages by telephone and the staff identified the facility as “Multispecialty Healthcare” not MRImages.

MRImages, they would “[a]bsolutely” have a choice of where to go, and that MS-HC, LLC has a list of other MRI facilities.

21. MS-HC, LLC’s counsel referred to the procedure described in ¶ 20 as the “default” and further stated, “[o]ur company owns that [MRI] machine. If we can do the film, we do the film.” He stated that the exception to the “default” would be if the referring physician was the Respondent or Physician A, if the patient was overweight or otherwise required an open MRI,¹¹ or if the location was not convenient for the patient.

March 13, 2018 Interview

22. Board staff asked Office Manager A how long the policy relating to referrals outlined in ¶¶ 20 and 21 had been in place, and Office Manager A stated “for probably 12 years now.”

23. Office Manager A stated that the referral system was Multispecialty Healthcare’s “protocol” and since she had been an Office Manager, the policy had not changed.

24. Office Manager A’s understanding of the rationale for the protocol was that the patients could be seen at MRImages faster, and they would not have to wait for authorization.

25. Office Manager A stated that she learned the protocol for referrals from Multispecialty Healthcare’s corporate trainer.

¹¹ MRImages only has closed machines.

26. Office Manager A stated that the Managers are responsible for informing Multispecialty Healthcare's office staff about policies and procedures to be used at Multispecialty Healthcare.

Interviews of District Manager A

27. Board staff conducted two interviews under oath of one of Practice A's District Managers, District Manager A. The interviews were conducted on September 28, 2017, and March 13, 2018. Counsel was present.

28. District Manager A is responsible for overseeing Multispecialty Healthcare's facilities in the District of Columbia area including Waldorf, Silver Spring, Camp Springs, Hyattsville, Annapolis, Severna Park and two locations in Glen Burnie. District Manager A also oversees the MRImages Hyattsville location.

September 28, 2017 Interview

29. In response to questioning by Board staff about Multispecialty Healthcare's routine after a provider orders an MRI, District Manager A stated "we would attempt to schedule the patient at one of our facilities if possible." When asked to clarify, District Manager A confirmed he was referring to MRImages' Overlea or Hyattsville locations. District Manager A also stated that the checkout person's scheduling of MRIs "depends on the physician and what they're requesting, if we provide the service or not. And then, of course, it depends on the patient, if it's convenient for them or not. If they feel they need to go somewhere else, then we certainly schedule them to go somewhere else." In addition, if patients say they are

claustrophobic, “they would be sent to Advanced, or American, or wherever they need to go.”

30. District Manager A stated that there were three District Managers, and the Baltimore area was split between two Districts. When asked about the “default” for the “Baltimore office,” District Manager A confirmed that the Overlea location for MRIImages was the “default” for the “most part” except for patients who were not willing to make the trip, “so certainly we still had patients that we would send elsewhere.”

March 13, 2018 Interview

31. District Manager A stated that the referral policies referred to on September 28 as partially set forth in ¶¶ 29 and 30 have been in place for approximately 11 years. District Manager A stated that any time Multispecialty Healthcare makes a statewide policy change, staff is informed in a meeting that includes the District Managers, the Business Office Managers, the owners and the compliance staff.

32. The District Managers’ supervisor reports directly to the owners of MS-HC, LLC, which includes the Respondent.

Interview of the Respondent

33. On or about January 30, 2018, Board staff interviewed the Respondent under oath. The Respondent’s counsel was present.

34. The Respondent is an internist with training in joint diseases. He is not board-certified.

35. Board staff asked the Respondent about Multispecialty Healthcare's office procedures for MRI referrals:

Q: ...And so can you explain...if a patient needs an MRI, what the office procedures are for a provider to refer a patient for an MRI.

A: Are you talking about myself or other providers?

Q: Well I know they're different for you. But for other providers as well.

A: Well, the other providers, it's up to them... You know, depending on what they need the MRI for, you know, obviously we have a machine. This is what we're here for today and **we would like them to refer to our machine**. But they have ever [*sic*] right to refer out.

Q: ... So, is it the office staff's responsibility to follow up and help the patient with the MRI referral?

A: Well, the referral is made, so they'll either call up Advanced Radiology or they'll schedule with us or they – I mean the patient doesn't schedule their own MRI.

Q: ...And so what happens if a patient objects to going to MRI Images.

A: They can go anywhere they want.

Q: Okay. And it's the staff's responsibility to make an appointment at a different facility?

A: Yeah. They can go anywhere they want.

(emphasis added)

36. Later during the interview, Board staff attempted to clarify the procedure for MRI referrals by providers other than the Respondent and Physician A, and the Respondent answered in part, "I mean, once again, we have these [MRI] machines. You know, we'd like them to be used. If they're not used, fine. So the staff has any right and the doctors have any right to send where they want."

Interview of Physician A

37. On or about January 30, 2018, Board staff interviewed Physician A under oath. Physician A's counsel was present.

38. Physician A stated that the office staff is responsible for discussing the MRI location with the patient once the provider has ordered the referral and attempts to schedule the appointment prior to the patient leaving the office. Physician A explained that the health care provider does not inform the patient of where they should go for an MRI, rather it is handled by the office staff.

39. The patient is then referred to MRIImages by Multispecialty Healthcare's office staff unless a "contraindication" exists. Physician A identified some contraindications such as claustrophobia, the necessity for contrast dye, or if he or the Respondent were the ordering physicians.

40. Board staff clarified the process for scheduling MRIs by Multispecialty Healthcare:

Q: So if the patient objects, however, to being sent to MRI Images --

A: Yeah, obviously they're offered to any place they want to go for an MRI. They don't have to go there.

Q: ...So if there are no patient objections or special needs or anything like that, patients are referred and scheduled for an MRI at MRIImages?

A: If that's -- if they're okay with going there, yes.

PATIENT-RELATED FINDINGS

41. Patient A, the index case referenced in ¶ 9, was evaluated by providers in the Silver Spring location of Multispecialty Healthcare and was referred in February 2014 to MRImages in Hyattsville. Patient A resided in Gaithersburg, Maryland.¹²

42. Board staff conducted a review of 10 patient records from Multispecialty Healthcare of patients who were referred by providers from Multispecialty Healthcare to MRImages.¹³ The patients set forth below are identified as Patients 1 through 10:

a. Patient 1 was evaluated by providers at a Glen Burnie location of Multispecialty Healthcare, and on January 5, 2017, received a referral to MRImages at the Hyattsville location. Patient 1 resided in Severn, Maryland, in Anne Arundel County. There were approximately 24 MRI facilities that were closer in proximity to Patient 1's residence;

b. Patient 2 was evaluated by providers at the Patterson location of Multispecialty Healthcare, and on November 22, 2016, received a referral to MRImages at the Overlea location. Patient 2 resided in Baltimore. There were approximately 8 MRI facilities that were closer in proximity to Patient 2's residence;

c. Patient 3 was evaluated by providers at a Glen Burnie location of Multispecialty Healthcare, and on January 9, 2017, received a referral to MRImages at the Overlea location. Patient 3 resided in Elkridge, Maryland. There were approximately 21 MRI facilities that were closer in proximity to Patient 3's residence;

d. Patient 4 was evaluated by providers at the Patterson location of Multispecialty Healthcare, and on July 11, 2017, and October 18, 2017, received referrals to MRImages at the Overlea location. Patient 4 resided and was employed

¹² There are approximately 24 driving miles between Hyattsville and Gaithersburg. The Gaithersburg area has multiple MRI locations.

¹³ The records were selected from a list of patients provided by Practice A during the time frame cited in ¶ 16.

in Gwynn Oak, Maryland. There were approximately 24 MRI facilities that were close in proximity to Patient 4's residence;

e. Patient 5 was evaluated by providers at the Patterson location of Multispecialty Healthcare, and on July 5, 2017, and July 19, 2017, received referrals to MRImages at the Overlea location. Patient 5 resided in Windsor Mill, Maryland. There were approximately 23 MRI facilities that were closer in proximity to Patient 5's residence;

f. Patient 6 was evaluated by providers at the Patterson location of Multispecialty Healthcare, and on April 5, 2017, received a referral to MRImages at the Overlea location. Patient 6 resided in Randallstown, Maryland. There were approximately 19 MRI facilities that were closer in proximity to Patient 6's residence;

g. Patient 7 was evaluated by providers at the Patterson location of Multispecialty Healthcare, and on July 19, 2017, received a referral to MRImages at the Overlea location. Patient 7 resided in Hanover, Pennsylvania. There were approximately 23 MRI facilities that were closer in proximity to Patient 7's residence;

h. Patient 8 was evaluated by providers at a Glen Burnie location of Multispecialty Healthcare, and on April 13, 2017, received a referral to MRImages at the Overlea location. Patient 8 resided in Eldersburg, Maryland. There were approximately 28 MRI facilities that were closer in proximity to Patient 8's residence;

i. Patient 9 was evaluated by providers at a Glen Burnie location of Multispecialty Healthcare, and on August 28, 2017, received a referral to MRImages at the Overlea location. Patient 9 resided in Brooklyn Park, Maryland. There were approximately 14 MRI facilities that were closer in proximity to Patient 9's residence; and

j. Patient 10 was evaluated by providers at a Glen Burnie location of Multispecialty Healthcare, and on or about February 15, 2017, the office staff referred her to MRImages at the Hyattsville location. Patient 10 resided in Jessup, Maryland. There were approximately 31 MRI facilities that were in closer proximity to Patient 10's residence.

II. CONCLUSIONS OF LAW

Panel A finds that the Respondent's conduct as an owner of MS-HC, LLC, constitutes unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii) based on his violation of Health Occ. § 1-302(c), specifically, an arrangement or scheme, which the Respondent knew or should have known has a principal purpose of assuring indirect referrals to MRImages that would be in violation of subsection Health Occ. § 1-302(a) of this section if made directly. The Respondent knew or should have known that the employees had been directed by MS-HC, LLC management to refer patients to MRImages as the default.

III. ORDER

It is thus by Panel A, hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that within **ONE (1) YEAR**, the Respondent shall pay a civil fine of **FIFTY THOUSAND DOLLARS (\$50,000.00)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

ORDERED that within **THIRTY (30) DAYS** of the date of this Consent Order, the Respondent shall provide a script for Panel A's approval that is to contain standard language for use by all employees interfacing with patients who have been

ordered by Multispecialty providers to undergo MRI scans. The purpose of the script is to inform patients that the Respondent and Physician A are owners of MRImages, and that the patients are entitled to undergo their MRI scan at a facility of their choice. The script is intended to be read to the patients by all employees of Multispecialty Healthcare who are responsible for making appointments or providing information to patients ordered to have MRI scans; and it is further

ORDERED that the Respondent shall ensure that each patient who is ordered by Multispecialty providers to undergo an MRI scan sign a written statement confirming that they were read the script approved by Panel A. The written statement shall be kept in each patient's chart; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary


panel; and if there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

01/02/2019

Date


Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, Lawrence L. Rubin, acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 et seq. concerning the pending charges. I waive these rights and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on their behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

Signature on File

12/13/18
Date

Lawrence L. Rubin, M.D.

NOTARY

STATE/ DISTRICT OF Maryland
CITY/COUNTY OF: Baltimore County

I HEREBY CERTIFY that on this 13 day of December, 2018,
before me, a Notary Public of the State/District and County aforesaid, personally
appeared Lawrence L. Rubin, M.D., and gave oath in due form of law that the
foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Sierra Brooke Erline
Notary Public 12/13/2018

My Commission expires:

SIERRA BROOKE ERLINE
NOTARY PUBLIC
BALTIMORE COUNTY
MARYLAND
MY COMMISSION EXPIRES JUNE 14, 2022