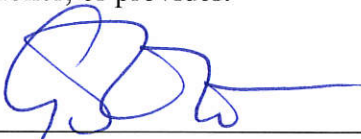


1 9788.2, after thirty (30) days from the date the notice was mailed, unless the physician, practitioner, or
2 provider submits a written request for a hearing, within ten (10) calendar days of the date of mailing of
3 the notice;

4 **IT IS HEREBY ORDERED** that Carlos Arguello is hereby suspended from participating in the
5 workers' compensation system as a physician, practitioner, or provider.

6
7 Date: February 17, 2017

8 
9 _____
10 GEORGE PARISOTTO
11 Acting Administrative Director
12 Division of Workers' Compensation
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CERTIFICATE OF SERVICE BY MAIL
(C.C.P. section 1013(a), 2015.5)

I am over the age of 18 years and not a party to the entitled action. My business address is 1515 Clay Street, 18th Floor, Oakland, California 94612. I served the following documents:

ORDER OF SUSPENSION

on the following person(s) at the following address(es):

By Certified Mail/Return Receipt Requested:

Carlos Arguello
1084 Second Avenue
Chula Vista, CA 91911

By Hand Delivery/Personal Service:

California Department of Industrial Relations
Anti-Fraud Unit
1515 Clay Street, 17th Floor
Oakland, CA 94612

Paige Levy, Chief Judge
Division of Workers' Compensation
1515 Clay Street, 17th floor
Oakland, CA 94612

The documents were served by the following means:

BY U.S. CERTIFIED MAIL/RETURN RECEIPT REQUESTED. I enclosed the documents in a sealed envelope or package addressed to the person(s) at the address(es) listed above and placed the envelope or package for collection and mailing, following our ordinary business practices. I am readily familiar with the firm's practice for collection and processing correspondence for mailing. Under that practice, on the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service, in a sealed envelope or

PERSONAL SERVICE. I personally delivered the documents to the person(s) at the address(es) listed above by leaving the documents at the specified office address with the person(s) in charge of the office in an envelope or package clearly labeled to

be true and correct under the laws of State of California that the above is true and correct, on this 17th day of February, 2017, at Oakland, California.



CATHY FUJITA-LAM



| | | |
|--|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent To: Carlos Arguello
Street or PO Box: 1084 Second Avenue
City, State: Chula Vista, CA 91911

PS Form 3852, Instructions

7014 2120 0004 3852 6829