Case	Number:
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## SC-100A Other Plaintiffs or Defendants

This form is attached to Form SC-100, item 1 or 2.

		Phone: ()	
•		Zip:	
		7.	
City:	State:	Zip: <i>Xes</i> □ No <i>If yes, attach Form SC-103</i>	
		Phone: ()	
		Zip:	
		Zip:	
1 10 0	·	Tes $\Box$ No If yes, attach Form SC-103.	
$\Box$ Check here if more than -	4 plaintiffs and fill out and atta	h another Form SC-100A.	
) If more than 2 defendant	s (person, business, or en	tity being sued), list their informat	ion below:
Other defendant's name:			
Street address:		Phone: ()	
City:	State:	Zip:	
Mailing address (if different)	:		
City:	State:	Zip:	
Other defendent's name:			
Other defendant's name.			
		Phone: ( )	
Street address:		Phone: () Zip:	
Street address: City:	State:	Zip:	
Street address: City: Mailing address <i>(if different)</i>	State:	Zip:	
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Street address: City: Mailing address <i>(if different)</i> City: City: <i>Check here if more than 4</i>	State:S	Zip: Zip: ach another Form SC-100A. court, I have no right to appeal this	s claim.
Street address: City: Mailing address <i>(if different)</i> City: City: <i>Check here if more than 4</i>	State:	Zip: Zip: ach another Form SC-100A.	s claim.
Street address: City: Mailing address <i>(if different)</i> City: City: <i>Check here if more than 4</i> <b>I understand that by filin</b> I have not filed, and understand California during this calend	State:	Zip: Zip: ach another Form SC-100A. court, I have no right to appeal this two small claims cases for more than \$	<b>s claim.</b> 2,500 in
Street address: City: Mailing address <i>(if different)</i> City: City: <i>Check here if more than 4</i> <b>I understand that by filin</b> I have not filed, and understand California during this calend	State:	Zip: Zip: ach another Form SC-100A. court, I have no right to appeal this	<b>s claim.</b> 2,500 in
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