| PR   | ROOF OF SERVICE (Court of Appeal)  Mail Personal Service   | FOR COURT USE ONLY  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|
| Notice: This form may served in a proceeding Sheet for Proof of Serve completing this form.  |  |   |  |  |  |  |  |  |  |  |
| Case Name  | :  |   |  |  |  |  |  |  |  |  |
| Court of Appeal Case Number  | :  |   |  |  |  |  |  |  |  |  |
| Superior Court Case Number:  |  |   |  |  |  |  |  |  |  |  |
| At the time of service I was at least 18 years of age and not a party to this legal action.  |  |   |  |  |  |  |  |  |  |  |
| 2. My residence  | business address is (specify):   |   |  |  |  |  |  |  |  |  |
| 3. I mailed or personally delivered a copy of the following document as indicated below (fill in the name of the document you mailed or delivered and complete either a or b): |  |   |  |  |  |  |  |  |  |  |
| a. Mail. I maile   | ed a copy of the document identified above as follows:   |   |  |  |  |  |  |  |  |  |
| (1) I enclos   | ed a copy of the document identified above in an envelope or envelope or envelope or envelope.   | velopes <b>and</b>  |  |  |  |  |  |  |  |  |
| (a)  | deposited the sealed envelope(s) with the U.S. Postal Service  | e, with the postage fully prepaid.  |  |  |  |  |  |  |  |  |
| (b)  | placed the envelope(s) for collection and mailing on the date a following our ordinary business practices. I am readily familiar and processing correspondence for mailing. On the same day collection and mailing, it is deposited in the ordinary course of sealed envelope(s) with postage fully prepaid. | with this business's practice of collecting that correspondence is placed for |  |  |  |  |  |  |  |  |
| (2) Date mailed:   |  |   |  |  |  |  |  |  |  |  |
| (3) The env  | velope was or envelopes were addressed as follows:   |   |  |  |  |  |  |  |  |  |
|  | Name: Address:   |   |  |  |  |  |  |  |  |  |
| (b) Pe   | erson served: Name:  |   |  |  |  |  |  |  |  |  |
| (ii)   |  |   |  |  |  |  |  |  |  |  |
| (c) Pe<br>(i)<br>(ii)  | erson served: Name: Address:   |   |  |  |  |  |  |  |  |  |
|  | Additional persons served are listed on the attached page (write   | "APP-009, Item 3a" at the top of the page).                                   |  |  |  |  |  |  |  |  |
| (4) Iamar  | esident of or employed in the county where the mailing occurred.   | The document was mailed from  |  |  |  |  |  |  |  |  |

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(city and state):

| CASE NAME: |  |   |  | i:     |      |   | CASE NUMBER:                   |  |  |
|------------|--|---|--|--------|------|---|--------------------------------|--|--|
|            |  |   |  |        |      |   |                                |  |  |
| 3.         | b. Personal delivery. I personally delivered a copy of the document identified above as follows: |   |  |        |      | above as follows:   |                                |  |  |
|            |  |   |  | (1)    |      | son served:   |                                |  |  |
|            |  |   |  |        | (a)  | Name:   |                                |  |  |
|            |  |   |  |        | (b)  | Address where delivered:  |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
|            |  |   |  |        | (c)  | Date delivered:   |                                |  |  |
|            |  |   |  |        | ` '  | Time delivered:   |                                |  |  |
|            |  |   |  |        | (u)  | Time delivered.   |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
|            |  |   | (2) Person served:   |        |      |   |                                |  |  |
|            |  |   |  |        | -    | Name:   |                                |  |  |
|            |  |   |  |        | (b)  | Address where delivered:  |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
|            |  |   |  |        | (c)  | Date delivered:   |                                |  |  |
|            |  |   |  |        | ` '  | Time delivered:   |                                |  |  |
|            |  |   |  |        | ( )  |   |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
|            |  |   | (3) Person served:   |        |      |   |                                |  |  |
|            |  |   |  |        |      | Name:   |                                |  |  |
|            |  |   |  |        | (b)  | Address where delivered:  |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
|            |  |   |  |        | (c)  | Date delivered:   |                                |  |  |
|            |  |   |  |        | (d)  | Time delivered:   |                                |  |  |
|            |  |   |  |        | . ,  |   |                                |  |  |
|            |  |   | Names and addresses of additional persons served and delivery dates and times are listed on the attached page (write |        |      |   |                                |  |  |
|            |  | "APP-009, Item 3b" at the top of the page). |  |        |      |   |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
|            |  |   |  |        |      |   |                                |  |  |
| l de       | clar   | e u   | nde  | r per  | alty | of perjury under the laws of the State of California that the foregoing | g is true and correct.         |  |  |
| Dat        | e:   |   |  |        |      |   |                                |  |  |
|            |  |   |  |        |      | _   |                                |  |  |
|            | (TYF   | PE O  | R PF   | RINT N | IAMF | OF PERSON COMPLETING THIS FORM) (SIGNATURE OF                           | F PERSON COMPLETING THIS FORM) |  |  |
|            | ,  |   |  |        |      | , (5.6.0.1.6.12.6.  |                                |  |  |