

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) PRO SE TRAVIS MIDDLETON 27 WEST ANAPAMU STREET #153 SANTA BARBARA, CA 93101 TELEPHONE NO.: (805) 284-6562 FAX NO. E-MAIL ADDRESS (Optional): TRAVIS_M_93101@YAHOO.COM ATTORNEY FOR (Name): PLAINTIFF:	FOR COURT USE ONLY
UNITED STATES DISTRICT COURT STREET ADDRESS: 312 N SPRING ST MAILING ADDRESS: CITY AND ZIP CODE: LOS ANGELES, CA 90012 BRANCH NAME: CENTRAL DISTRICT-WESTERN DIVISION	Hearing Date: _____ Room: _____ Hearing Time: _____ Dept: _____
PLAINTIFF: TRAVIS MIDDLETON DEFENDANT: RICHARD PAN, ET AL.	CASE NUMBER: LA CV16 05224-SVW-AGR
PROOF OF SERVICE	Ref. No. or File No.: _____

AT THE TIME OF SERVICE I WAS AT LEAST 18 YEARS OF AGE AND NOT A PARTY TO THIS ACTION
I SERVED COPIES OF THE FOLLOWING DOCUMENTS:

SUMMONS IN A CIVIL ACTION; COMPLAINT

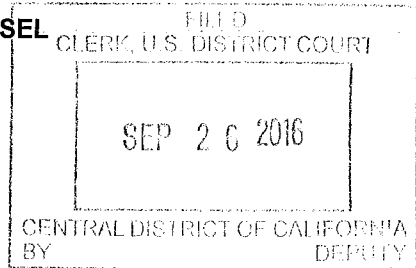
PARTY SERVED: **REGINALD JONES-SAWYER**

PERSON SERVED: **BY SERVING JENNY YUN - DEPUTY LEGISLATIVE COUNSEL**

DATE & TIME OF DELIVERY: **9/9/2016**
11:30 AM

ADDRESS, CITY, AND STATE: **STATE CAPITOL, ROOM 4072**
SACRAMENTO, CA 95814

PHYSICAL DESCRIPTION: **Age: 30** **Weight: 130** **Hair: BROWN**
Sex: Female **Height: 5'8"** **Eyes: BROWN**
Skin: ASIAN **Marks:**



MANNER OF SERVICE:

Personal Service - By personally delivering copies.

Fee for Service: \$ 30.00



County: SACRAMENTO
 Registration No.: 2015-73
 River City Process Service, Inc.
 901 H Street, Suite 207
 Sacramento, CA 95814
 (877) 446-2051

I declare under penalty of perjury under the laws of the The State of California that the foregoing information contained in the return of service and statement of service fees is true and correct and that this declaration was executed on September 12, 2016.

Signature: _____
AUSTIN X DANIELS

PROOF OF SERVICE