

ATTORNEY FOR PART WITHOUT ATTORNEY (Name, State Bar number, and address) <b>PRO SE</b> <b>TRAVIS MIDDLETON</b> 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
<b>UNITED STATES DISTRICT COURT</b>  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
<b>PROOF OF SERVICE</b>		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: **MARK STONE**

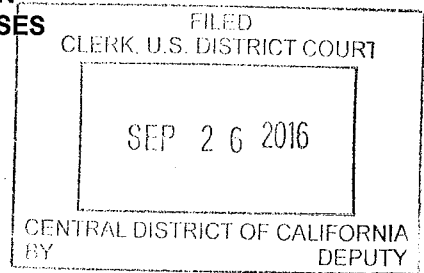
PERSON SERVED: **BY SERVING TISHA SIMPSON - SCHEDULER - AUTHORIZED TO ACCEPT**

DATE & TIME OF DELIVERY: **9/9/2016**  
**11:01 AM**

ADDRESS, CITY, AND STATE: **1303 10th St Rm 5155**  
**Sacramento, CA 958144900**

PHYSICAL DESCRIPTION:	<b>Age: 40+</b>	<b>Weight:</b>	<b>Hair: BROWN</b>
	<b>Sex: Female</b>	<b>Height: 5'8"</b>	<b>Eyes: GLASSES</b>
	<b>Skin: WHITE</b>	<b>Marks:</b>	

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**