

ATTORNEY FOR PART OF WHICH YOU ARE 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: **LOIS WOLK**

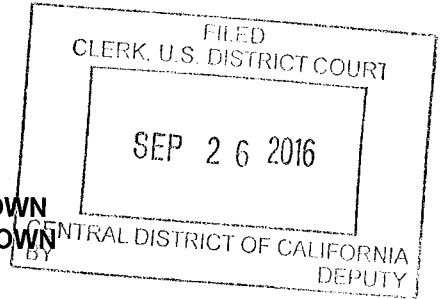
PERSON SERVED: **BY SERVING JENNY YUN - DEPUTY LEGISLATIVE COUNSEL**

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**
Sex: Female Height: 5'8"
Skin: ASIAN Marks:

Hair: BROWN
Eyes: BROWN



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