

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO. 212944 NAME: Dave Crow FIRM NAME: CROW & ROSE, Attorneys at Law STREET ADDRESS: 605 Market Street, Suite 400 CITY: San Francisco STATE: CA ZIP CODE: 94105 TELEPHONE NO: 415-552-9060 FAX NO: 415-222-9995 E-MAIL ADDRESS: ATTORNEY FOR (name): Plaintiffs	FOR COURT USE ONLY ELECTRONICALLY FILED Superior Court of California, County of San Francisco MAR 18 2015 Clerk of the Court BY: BOWMAN LIU Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: Unlimited Civil	CASE NUMBER: CGC-15-543483
Plaintiff/Petitioner: Stan Heller, et al. Defendant/Respondent: Candu Capital Group, LLC et al	JUDICIAL OFFICER:
PROOF OF ELECTRONIC SERVICE	DEPARTMENT:

1. I am at least 18 years old.

- a. My residence or business address is (specify):
 268 Bush Street #4042
 San Francisco, CA 94104
- b. My electronic service address is (specify):
 e-file@norcalcourier.com

2. I electronically served the following documents (exact titles):
 Notice of Pendency of Action (Lis Pendens)

☐ The documents served are listed in an attachment. (Form POS-050(D)/EFS-050(D) may be used for this purpose.)

3. I electronically served the documents listed in 2 as follows:

- a. Name of person served: David Wei Chen, Esq.
 On behalf of (name or names of parties represented, if person served is an attorney):
 Candu Capital Group, LLC, Arjun Dutt & Ritu Vohra
- b. Electronic service address of person served: david.chen@farmersinsurance.com
- c. On (date): March 18, 2015
- d. At (time): 2:51 p.m.

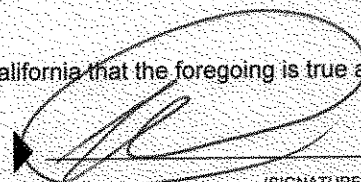
☐ The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. (Form POS-050(P)/EFS-050(P) may be used for this purpose.)

Date: March 18, 2015

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sabrina G. De Mio SFRPS#1250

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

PROOF OF ELECTRONIC SERVICE
(Proof of Service/Electronic Filing and Service)