

ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO.	212944	FOR COURT USE ONLY
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			
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			
Plaintiff/Petitioner: Stan Heller, et al.			
Defendant/Respondent: Candu Capital Group, LLC et al			
PROOF OF ELECTRONIC SERVICE			

ELECTRONICALLY

FILED

Superior Court of California,
County of San Francisco

MAR 18 2015

Clerk of the Court

BY: BOWMAN LIU

Deputy Clerk

CASE NUMBER:
CGC-15-543483

JUDICIAL OFFICER:

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 Vohrab. 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)