

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO**

Document Scanning Lead Sheet

Feb-05-2015 8:48 am

Case Number: CSM-15-848740

Filing Date: Feb-04-2015 8:33

Filed by: ELIAS BUTT

Juke Box: 001 Image: 04781582

PROOF OF SERVICE ON CLAIM

TODD KAHL VS. WESTERN DENTAL SERVICES, INC.

001C04781582

Instructions:

Please place this sheet on top of the document to be scanned.

Use this form to serve a **person**, a **business**, or a **public entity**. To learn more about proof of service, read *What Is "Proof of Service"?*, Form SC-104B. To learn more about how to serve a business or entity, read *How to Serve a Business or Public Entity*, Form SC-104C.

To serve a **business**, you must serve **one** of the following people:

- Owner (for a sole proprietorship)
- Partner (for a partnership) or general partner (for a limited partnership)
- Any officer or general manager (corporation or association)
- Any person authorized for service by the business (corporation, association, general partnership, limited partnership)
- Any person authorized for service with the Secretary of State (corporation, association, limited liability company [LLC], limited liability partnership [LLP], limited partnership)

To serve a **public entity**, you must first file a claim with that entity, then serve **one** of the following people:

- Clerk (of a city or county)
- Chief officer or director (of a public agency)
- Any person authorized for service by the entity

① a. If you are serving a **person**, write the person's name below:

b. If you are serving a **business** or **entity**, write the name of the business or entity, the person authorized for service, and that person's job title:

WESTERN DENTAL SERVICES Inc c/o CT Corporation

Business or Agency Name

AMANDA GARCIA, Corporate Operations Specialist

Person Authorized for Service

Job Title

② Instructions to Server:

You must be at least 18 years old and **not be named in this case**. Follow these steps:

- Give a copy of all the documents checked in ③ to the person in ①, *or*
 - Give a copy of all the documents checked in ③ to one of the following people:
 - a. A competent adult (at least 18) living with, and at the home of the person in ①, *or*
 - b. An adult (at least 18) who seems to be in charge at the usual workplace of the person in ①, *or*
 - c. An adult (at least 18) who seems to be in charge where the person in ① usually receives mail (but not a U.S. Post Office box), if there is no known physical address for the person in ①.
- and mail a copy of the documents left with one of the adults in a, b, or c above to the person in ①.

THEN

- Complete and sign this form, and
- Give or mail your completed form to the person who asked you to serve these court papers, **in time for the form to be filed with the court at least 5 days before the hearing.**

③ I served the person in ① a copy of the documents checked below:

- a. ☒ SC-100, Plaintiff's Claim and ORDER to Go to Small Claims Court
- b. ☐ SC-120, Defendant's Claim and ORDER to Go to Small Claims Court
- c. ☐ Order for examination (This form must be personally served. Check the form that was served):

Note: The court can issue a civil arrest warrant if the served party does not come to court **only** if the order for examination was personally served by a registered process server, sheriff, marshal, or someone appointed by the court.

(1) ☐ SC-134, Application and Order to Produce Statement of Assets and to Appear for Examination

(2) ☐ AT-138/EJ-125, Application and Order for Appearance and Examination

d. ☐ Other (specify): _____

Clerk stamps date here when form is filed.

ENDORSED
FILED
San Francisco County Superior Court
FEB - 4 2015
CLERK OF THE COURT
ELIAS BUTT
Deputy Clerk

Fill in court name and street address:

Superior Court of California, County of
SAN FRANCISCO
CIVIC CENTER COURTHOUSE
400 MCALLISTER ST.
SAN FRANCISCO, CA 94102-4515

Fill in case number, case name, hearing date, day, time, and department below:

Case Number:

CSM-15-848740

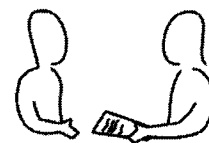
Case Name:

Hearing Date:

3/12/2015

Time: 3:30PM

Dept.: 506



Case name: _____

4 Fill out "a" or "b" below:

- a.
- ☒
- Personal Service:**
- I personally gave copies of the documents checked in
- (3)**
- to the person in
- (1)**
- :

On (date): 1/8/2015 At (time): 1:35 ☐ a.m. ☒ p.m.At this address: 818 W SEVENTH STCity: LOS ANGELES State: CA Zip: 90017

- b.
- ☐
- Substituted Service:**
- I personally gave copies of the documents checked in
- (3)**
- (a, b, or d) to (check one):

☐ A competent adult (at least 18) at the **home** of, and living with the person in **(1)**, or☐ An adult who seems to be in charge where the person in **(1)** usually **works**, or☐ An adult who seems to be in charge where the person in **(1)** usually **receives mail**, or has a private post office box (not a U.S. Post Office box), if there is no known physical address for the person in **(1)**.I told that adult, "Please give these court papers to (name of person in **(1)**)."I did this on (date): _____ At (time): _____ ☐ a.m. ☐ p.m.

At this address: _____

City: _____ State: _____ Zip: _____

Name or description of the person I gave the papers to: _____

After serving the court papers, I put copies of the documents listed in **(3)** in an envelope, sealed the envelope, and put first-class prepaid postage on it. I addressed the envelope to the person in **(1)** at the address where I left the copies.

I mailed the envelope on (date): _____ from (city, state): _____

by leaving it (check one):

a. ☐ At a U.S. Postal Service mail drop, orb. ☐ At an office or business mail drop where I know the mail is picked up every day and deposited with the U.S. Postal Service, orc. ☐ With someone else I asked to mail the documents to the person in **(1)**, and I have attached that person's completed Form SC-104A.**5 Server's Information**Name: GUILLERMO VERJAN C/O RUSH LEGAL SERVICES Phone: 888-9917874Address: 1142 S DIAMOND BAR BLVD #149City: DIAMOND BAR State: CA Zip: 91765Fee for service: \$ 250.00

If you are a registered process server:

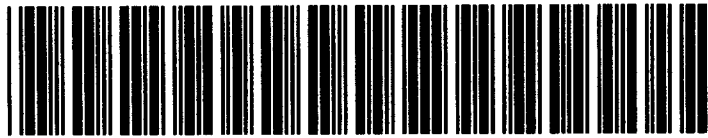
County of registration: LOS ANGELES Registration number: 4169

- 6**
- I declare under penalty of perjury under California state law that I am at least 18 years old and not named in this case and that the information above is true and correct.

Date: 1/15/2015GUILLERMO VERJAN

Type or print server's name

Server signs here after serving



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COUNTY OF SAN FRANCISCO**

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WESTERN DENTAL SERVICES C/O CT CORPORATION

Business or Agency Name

AMANDA GARCIA, Corporate Operations Specialist

Person Authorized for Service

Job Title

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d. ☐ Other (specify): _____

Clerk stamps date here when form is filed.

F I L E D

Superior Court of California
County of San Francisco

FEB -4 2015

CLERK OF THE COURT

BY: [Signature]
Deputy Clerk

Fill in court name and street address:

Superior Court of California, County of
SAN FRANCISCO
CIVIC CENTER COURTHOUSE
400 MCALLISTER ST.
SAN FRANCISCO, CA 94102-4515

Fill in case number, case name, hearing date, day, time, and department below:

Case Number:

CSM-15-848740

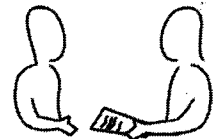
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Hearing Date:

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Time: 3:30PM

Dept.: 506



Case name: _____

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At this address: _____

City: _____ State: _____ Zip: _____

Name or description of the person I gave the papers to: _____

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I mailed the envelope on (date): _____ from (city, state): _____

by leaving it (check one):

a. ☐ At a U.S. Postal Service mail drop, orb. ☐ At an office or business mail drop where I know the mail is picked up every day and deposited with the U.S. Postal Service, orc. ☐ With someone else I asked to mail the documents to the person in **(1)**, and I have attached that person's completed Form SC-104A.**5 Server's Information**Name: GUILLERMO VERJAN C/O RUSH LEGAL SERVICES Phone: 888-9917874Address: 1142 S DIAMOND BAR BLVD #149City: DIAMOND BAR State: CA Zip: 91765Fee for service: \$ 250.00

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Date: 1/15/2015GUILLERMO VERJAN

Type or print server's name

Server signs here after serving