ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
EAV NO (Ontional)	
TELEPHONE NO.: FAX NO. (Optional):  E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
A Country of the Coun	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER:	
FLAINTIFF/FETTIONER.	
DEFENDANT/RESPONDENT:	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL	CASE NUMBER:
NOTICE AND ACKNOWLEDGMENT OF REGENT OF OTHE	
TO (insert name of party being served):	
NOTICE	
The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil	
Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you	
(or the party on whose behalf you are being served) to liability for the payment of	
on you in any other manner permitted by law.	
If you are being served on behalf of a corporation, an unincorporated association	(including a partnership) or other entity this
form must be signed by you in the name of such entity or by a person authorized	to receive service of process on behalf of such
entity. In all other cases, this form must be signed by you personally or by a personal	on authorized by you to acknowledge receipt of
summons. If you return this form to the sender, service of a summons is deemed	complete on the day you sign the
acknowledgment of receipt below.	
Date of mailing:	
<b>.</b>	
(TYPE OR PRINT NAME) (SIGN	NATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE)
ACKNOWLEDGMENT OF RECEIPT	
This acknowledges receipt of (to be completed by sender before mailing):	
A copy of the summons and of the complaint.	
2 Other (specify):	
(To be completed by recipient):	
Data this form is signed:	
Date this form is signed:	
(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, (SIGNAT ON WHOSE BEHALF THIS FORM IS SIGNED) ACKNOWLEI	URE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF DGMENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)