Records by Mail

ATTACHED:

Records Attached

Control # 15-28885-6
Company: Med-Legal, LLC

NODECLARATION

Date copy 1/11/2016 Time 11:25:05 AM Film_____ Pages___

Copier Notes

[redacted]

Med-Legal

955 Overland Court Suite #200 San Dimas, CA 91773
Voice: (800) 244-3495 FAX: (800) 962-4896
E-Mail: ready@getrecords.com

HOW TO COMPLY WITH THIS REQUEST

You have been served with a Notice of Deposition, Subpoena Duces Tecum, and/or Authorization requesting copies of your **records only**.

You may comply fully with this request by:

- ***UPLOAD*** records electronically to our secure web portal at:

upload.getrecords.com

- ***MAIL*** records to our main office at 955 Overland Court Suite # 200 San Dimas, CA 91773

If you need us to copy records at your office, **CALL**, or **FAX the form** on the back of this page within 5 days of receiving the request per California Evidence Code.

Patient: Angelica Rodriguez
Facility: Abadi, Behzad D.D.S.
Control#: 15-28885-6

PIN # 3266 **required when submitting records electronically via* upload.getrecords.com

It is a violation of the Confidentiality of Medical Information Act if medical records are made available, provided or are made accessible to any photocopy or imaging service other than MED-LEGAL, LLC. No other service is authorized to copy the records of the patient.

E.C. §1560 (E) - CALIFORNIA EVIDENCE CODE REQUIRES THAT YOU PROVIDE A COPY DATE WITHIN 5 DAYS. YOU MUST PROVIDE RECORDS BEFORE THE DEPOSITION DATE LISTED. FAILURE TO COMPLY WITH THIS REQUEST MAY SUBJECT YOU TO LEGAL AND/OR FINANCIAL REPERCUSSIONS, INCLUDING BEING HELD IN CONTEMPT OF COURT, SANCTIONS, ATTORNEY'S FEES.

HIPAA Compliant Request

Med-Legal

955 Overland Court Suite #200 San Dimas, CA 91773
Voice: (800) 244-3495 FAX: (800) 962-4896
E-Mail: ready@getrecords.com

RECORDS ARE READY TO COPY

Med-Legal *is committed to protecting the environment.* **Go Green!** Use **upload.getrecords.com**.

☐ Records are ready for copy at a ***DIFFERENT ADDRESS***:

When you come out, please ask for:

Come during the following weekdays/hours:

The nearest major cross street is:

The size of the chart or file is approximately _____ pages / inches (circle one).

Patient: Angelica Rodriguez

Facility: Abadi, Behzad D.D.S.

Control#: 15-28885-6

PIN # 3266 **required when submitting records electronically via* upload.getrecords.com

HIPAA Compliant Request

Declaration of Custodian of Records

(Required by Evidence Code §§1560, 1561)

(1) **Records pertain to:** Angelica Rodriguez
(2) **Facility:** Abadi, Behzad D.D.S.
(3) **AUTHORITY OF DECLARANT:** I am the records custodian or other authorized employee for the facility and have authority to certify said records.
(4) **COMPLIANCE:** I am herewith producing all records described in the attachment page of the Subpoena Duces Tecum/Authorization/Notice of Deposition, dated 12/22/15, except as noted below. The records were prepared by the personnel of the business, in the ordinary course of business, at or near the time of the act, condition or event.
(5) **RECORDS BEING PRODUCED:** I understand it is unlawful to make, or cause to be made, any knowingly false or fraudulent material statement or representation for the purpose of denying any compensation. If I am not in charge of records for the facility, I have contacted the records custodian for the facility and confirmed that I have been given all records in the possession or under the control of the facility that pertain to the person named above.

RECORDS PRODUCED	RECORDS NOT PRODUCED
☐ All requested records from all files - **including printouts of requested electronic files** - kept by this entity were given to the copy service representative for copying. No documents have been withheld or removed from any files. If documents were withheld check the corresponding box under "RECORDS NOT PRODUCED".	☐ NO RECORDS: A thorough search of our files has been carried out under my direction. Based on the information provided, no documents, records or other materials called for in the request exist in our files.
☐ All requested records were copied by this entity and delivered to the copy service via ☐ US Mail ☐ Pickup ☐ _____ No documents were removed or withheld. If documents were withheld check the corresponding box under "RECORDS NOT PRODUCED".	☐ WITHHELD: Records were withheld because they are protected under attorney-client privilege or attorney work product. **Log must be attached.** ☐ NONE MATCHING: Records do exist, but none that match the description listed in the request. Specifically:
BILLING RECORDS (if requested) ☐ All requested billing records were produced ☐ We do not have the requested billing records	☐ DESTROYED: All records for the time period in question have been destroyed pursuant to our document retention policy.
X-Rays (if requested) ☐ All requested X-rays or films were produced ☐ We do not have the requested x-rays or films	☐ UNAVAILABLE: The records are unavailable for copying at this time. The records will be available for copying on _____ (date) during normal business hours.
OTHER:	OTHER:

I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date: _____ Print: _____

City: _____ Signature: _____

Declaration of Professional Photocopier: I declare that I am an employee of Med-Legal, LLC The records produced to me by the above custodian of records shall be transmitted or distributed to the authorized person or entities and will be true copies thereof.

☐ Custodian refused to sign, to check the appropriate box, or to otherwise fully complete the declaration.

Description or name of person: _____

☐ I asked the Custodian of Records if there are any other files or records that were not provided to me and he/she said:

YES NO

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on: (date) _____ at: (city) _____

(Print name) (Signature) 15-28885-6

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS'COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

Angelica Rodriguez
DOB: 12/10/74 Social Security #: 556-39-2892
AKA:
File:

Claimant/Applicant

vs

Metropolitan State Hospital

Employer/Insurance Carrier/Defendant

Case No. ADJ10164600

(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

For non-party Deponents:
Deposition Subpoena under LC §5710 & CCP §2020.010

For party Deponents: **Notice of Deposition under LC §5710 & CCP §2025.010**

The People of the State of California Send Greetings to :Abadi, Behzad D.D.S.

WE COMMAND YOU to appear before: A Deposition Officer – Med-Legal, LLC

At: 955 Overland Ct, Suite 200, San Dimas, CA 91773,Phone 800-244-3495

on the 01/11/16 day of _____ at 10:00 O'CLOCK AM., to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books, and records:

See Attachment for a list of records to be produced subject to this subpoena, to make available for inspection and copying or transmit/transfer electronically.

This Board-approved Subpoena Duces Tecum form shall serve as a Deposition Subpoena under LC §5710 and CCP §2020.010 to set the records-only, non-appearance copy service deposition for any non-party deponent. It shall serve as a written Notice of Deposition under LC §5710 and CCP §2025.010 to set the non-appearance copy service deposition for any Deponent who is a party to the case.

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 12/22/15

WORKERS'COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

Secretary, Assistant Secretary, Workers' Compensation Judge

*FOR INJURIES OCCURING ON OR AFTER JANUARY 1, 1990 AND BEFORE JANUARY 1, 1994:
If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly. See Reverse side.

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.
DIA WCAB FORM 32 (Side 1) (Rev. 06/94)

HIPAA Compliant Request

Control #: **15-28885-6**

Do not appear! Simply call (800) 244-3495 and somebody will copy the records for you at your office.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ10164600

STATE OF CALIFORNIA, County of Los Angeles
The undersigned states: That Med-Legal, LLC has been authorized to obtain records by
Mallery & Stern

That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That Abadi, Behzad D.D.S.
has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:
To resolve the issues of compensability and amount of compensation due under the Labor Code.

Declaration regarding Jurisdiction of the Workers' Compensation Appeals Board

[X] In compliance with CCR §10530, a claim form has been filed pursuant to LC 5401 (c). In addition, an Application for Adjudication has been filed with the Workers Compensation Appeals Board appointing jurisdiction over the above entitled matter.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

[ ] That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

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

Executed on 12/22/15 ,at San Dimas, California

Signature	Address	Telephone
Victor Landero, Operations	955 Overland Court, Suite 200, San Dimas, CA 91773	(626) 653-5160

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of Los Angeles
I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served	Date	Place

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

Executed on _____ 20_____ ,at _____, California _____

Signature

Control #: **15-28885-6**
DIA WCAB FORM 32 (Side 1) (Rev. 06/94)

Attachment

Re:

Patient/Applicant: Angelica Rodriguez — Social Security #: 556-39-2892
AKA: — D.O.B.: 12/10/74

Ordered By:
Mallery & Stern
11835 W Olympic Blvd, Ste 1090
LOS ANGELES, CA 90064
Records to produce:
Deponent's file #:
Exclusions (if any):

Date Range (if any):

For each injury alleged by the Applicant named on the Subpoena, produce the following:

A signed "Declaration of Custodian of Records" must accompany the records.

Record Copy Request – Medical File(s)

The **entire contents** of **all** files in your possession or under your control, for all dates of injuries or illness or for any purpose, whether industrial or non-industrial, including but not limited to all:

- All documents completed by the applicant to include intake sheets and pain diagrams
- Files
- Charts,
- Reports (which have not been previously served upon the requesting party)
- Notes, writings, and diagrams,
- Forms,
- Printouts,
- Test results,
- Lab results,
- All correspondence and telephone conversation notes (including printouts of all Email and computer notes) regarding this injured person to and from all sources, including but not limited to other medical facilities and doctors, and to and from any representative of any insurance company, employer, investigator and attorneys.
- All documents where "documents" is defined by Evidence Code Section 250 and includes any electronic recording.

If any of the documents described above that are in your possession or control are not being produced then a detailed list of each withheld document must be included with the records production or listed on your declaration.

Where used, the terms "writing", "record", "document" and other words of similar meaning include (but are not limited to) electronically maintained image files, documents, notes, faxes, emails and other similar types of electronically held information, and must be printed and supplied under this Subpoena if they fit the description above.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)
Mallery & Stern
11835 W Olympic Blvd, Ste 1090
LOS ANGELES, CA 90064

TELEPHONE NO 310-473-0777 FAX NO 310-477-1312
ATTORNEY FOR (Name)

NAME OF COURT Workers' Compensation Board
STREET ADDRESS
MAILING ADDRESS
CITY AND ZIP CODE
BRANCH NAME

PLAINTIFF/ PETITIONER: Angelica Rodriguez

DEFENDANT/ RESPONDENT: Metropolitan State Hospital

CASE NUMBER
ADJ10164600

NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
(Code Civ. Proc., §§ 1985.3, 1985.6)

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): Angelica Rodriguez

1. PLEASE TAKE NOTICE THAT REQUESTING PARTY (name): Mallery & Stern SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on *(specify date)* 01/11/16
   The records are described in the subpoena directed to witness *(specify name and address of person or entity from whom records are sought)*: Abadi, Behzad D.D.S. A copy of the subpoena is attached.
2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:
   a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the witness and the deposition officer named in the subpoena at least five days before the date set for production of the records.
   b. If you are not a party to this action, you must serve on the requesting party and on the witness, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should not be filed with the court. WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 12/22/15

Prepared by Victor Landero, Operations for

Mallery & Stern
(TYPE OR PRINT NAME)

(SIGNATURE OF ☒ REQUESTING PARTY ☐ ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

1. ☐ I object to the production of all of my records specified in the subpoena.
2. ☐ object only to the production of the following specified records:
3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)

PROOF OF SERVICE

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

Case: Angelica Rodriguez v. Metropolitan State Hospital
Case Num: ADJ10164600

I am employed in the County of Los Angeles, State of California. I am over the age of eighteen years and not a party to the within action; my business address is 955 Overland Court, Suite 200, San Dimas, CA 91773.

I am readily familiar with the business' practice for collection and processing of correspondence for mailing with the United States Postal Service; that the correspondence would be deposited, postage prepaid, first class mail, with the United States Postal Service, the same day in the ordinary course of business.

On 12/22/2015, I served the foregoing documents described as Deposition Notice to all the parties listed below, by placing a true copy thereof enclosed in a sealed envelope addressed as follows (indicated as 'Mail') or by delivering an electronic image of the copy as agreed by the recipient (indicated as 'Electronic'):

Metropolitan State Hospital 11401 Bloomfield Ave NORWALK, CA 90650	Mail

and placed the envelope for collection for deposit in the United States Postal Service, at my place of employment for mailing following ordinary business practices.

Executed on 12/22/2015, at San Dimas, California. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

MED-LEGAL, LLC

Victor Landero
15-28885-6

WELCOME

556-39-2592

We are pleased to welcome you to our practice.
Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your dental health.

Patient Information

Name Rodriguez (Last Name) Angelica (First Name) (Middle Initial) Soc. Sec. #

Address 12162 Allar St Street Home Phone (562) 864-3454

City Norwalk CA 90650 State CA Zip 90650 Email

Sex ☐ M ☒ F Age 34 Birthdate 12-10-74 ☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Divorced

Patient Employed by State of CA Occupation ~~Store Keeper~~ Payroll

Business Address LA Norwalk Business Phone (562) 651-4189

Whom may we thank for referring you? 1806 Dentist

Notify in case of emergency Jose Rodriguez Home Phone (562) 864-3454 Work Phone (213) 367-8585

Cell Phone (562) 296-3822 Business Email

Primary Insurance

Person Responsible for Account Rodriguez (Last Name) Jose (First Name) D (Middle Initial)

Relation to Patient Husband Birthdate 09-29-75 Soc. Sec. #

Address (if different from patient) Home Phone

City State Zip

Cell Phone (562) 296-3822 Email

Person Responsible Employed by LA DWP Occupation

Business Address Business Phone (213) 367-8855

Business Email

Insurance Company Phone

Contract # Group # Subscriber's #

Name(s) of other dependents under this plan

Additional Insurance

Is patient covered by additional insurance? ☐ Yes ☒ No

Subscriber's Name Relation to Patient Birthdate

Address (if different from patient) Soc. Sec. #

City State Zip Home Phone

Cell Phone Business Phone

Subscriber Employed by Business Email

Insurance Company Phone Insurance Email

Contract # Group # Subscriber's #

Name(s) of other dependents under this plan

Please complete both sides

What would you like us to do today? check up

Are you in dental discomfort today? Sensitive

Former Dentist Dr Lee Address Renton Phone

Dentist's Email N/A

Date of last dental care 1/2009 Date of last X-rays 1/2009

Check Y for yes or N for no if you have or have not had the following:

☒Y ☐N Bad breath	☒Y ☐N Food collection between teeth	☐Y ☐N Periodontal treatment	☒Y ☐N Sensitivity to sweets
☐Y ☐N Bleeding gums	☐Y ☐N Grinding or clenching teeth	☒Y ☐N Sensitivity to cold	☒Y ☐N Sensitivity when biting
☐Y ☐N Clicking or popping jaw	☐Y ☐N Loose teeth or broken fillings	☒Y ☐N Sensitivity to hot	☐Y ☐N Sores or growths in mouth

How often do you brush? 5X How often do you floss? 3X

How do you feel about the appearance of your teeth?

Have you ever experienced an adverse reaction during or in conjunction with a medical or dental procedure? ☐Y ☒N

Medical History

Physician's name Address Phone

Physician's Email Date of last visit 2/14/09

Have you had any serious illnesses or operations? ☐Y ☒N If yes, describe

Are you currently under physician care? ☐Y ☒N If yes, describe

Have you ever had a blood transfusion? ☐Y ☒N If yes, give approximate dates

Have you ever taken Fen-Phen/Redux? ☐Y ☒N

Women: Are you pregnant? ☐Y ☒N Nursing? ☐Y ☒N Taking birth control pills? ☐Y ☒N

Check Y for yes or N for no if you have or have not had any of the following:

☐Y ☒N AIDS/HIV Positive	☐Y ☒N Cough, persistent	☐Y ☒N Jaw pain
☐Y ☒N Anaphylaxis	☐Y ☒N Cough up blood	☐Y ☒N Kidney disease or malfunction
☐Y ☒N Anemia	☐Y ☒N Diabetes	☐Y ☒N Liver disease
☐Y ☒N Arthritis, Rheumatism	☐Y ☒N Epilepsy	☐Y ☒N Material allergies (latex, wool, metal, chemicals)
☐Y ☒N Artificial heart valves	☐Y ☒N Fainting	☐Y ☒N Mitral valve prolapse
☐Y ☒N Artificial joints	☐Y ☒N Food allergies	☐Y ☒N Nervous problems
☐Y ☒N Asthma	☐Y ☒N Glaucoma	☐Y ☒N Pacemaker/Heart surgery
☐Y ☒N Atopic (allergy prone)	☐Y ☒N Headaches	☐Y ☒N Psychiatric care
☐Y ☒N Back problems	☐Y ☒N Heart murmur	☐Y ☒N Rapid weight gain or loss
☐Y ☒N Blood disease	☐Y ☒N Heart problems	☐Y ☒N Radiation treatment
☐Y ☒N Cancer	Describe	☐Y ☒N Respiratory disease
☐Y ☒N Chemical dependency	☐Y ☒N Hemophilia/Abnormal bleeding	☐Y ☒N Rheumatic fever
☐Y ☒N Chemotherapy	☐Y ☒N Herpes	☐Y ☒N Scarlet fever
☐Y ☒N Circulatory problems	☐Y ☒N Hepatitis	
☐Y ☒N Cortisone treatments	☐Y ☒N High blood pressure	

☐Y ☒N Shingles	
☐Y ☒N Shortness of breath	
☐Y ☒N Skin rash	
☐Y ☒N Spina Bifida	
☐Y ☒N Stroke	
☐Y ☒N Surgical implant	
☐Y ☒N Swelling of feet or ankles	
☐Y ☒N Thyroid disease or malfunction	
☐Y ☒N Tobacco habit	
☐Y ☒N Tonsillitis	
☐Y ☒N Tuberculosis	
☐Y ☒N Ulcer/Colitis	
☐Y ☒N Venereal disease	

List medications you are currently taking, if any: none

List drug allergies, if any: N/A

Authorization

I have reviewed the information on this questionnaire and it is accurate to the best of my knowledge. I understand that this information will be used by the dentist to help determine appropriate and healthful dental treatment. If there is any change in my medical status, I will inform the dentist.

I authorize my insurance company to pay to the dentist or dental group all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

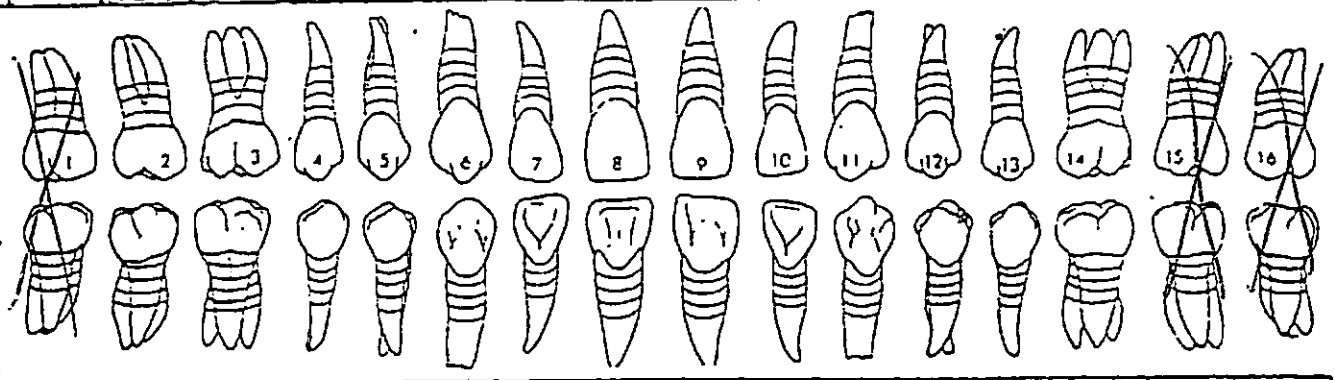
Signature [signature] Date 5/16/[illegible]

Payment is due in full at time of treatment unless prior arrangements have been approved.

Angelica Rodriguez 8/13/14

Initial		323	323	323	323	222	222	222	222	223	323	323	323	323		

Buccal Date



R L

MOBILITY

Lingual Date

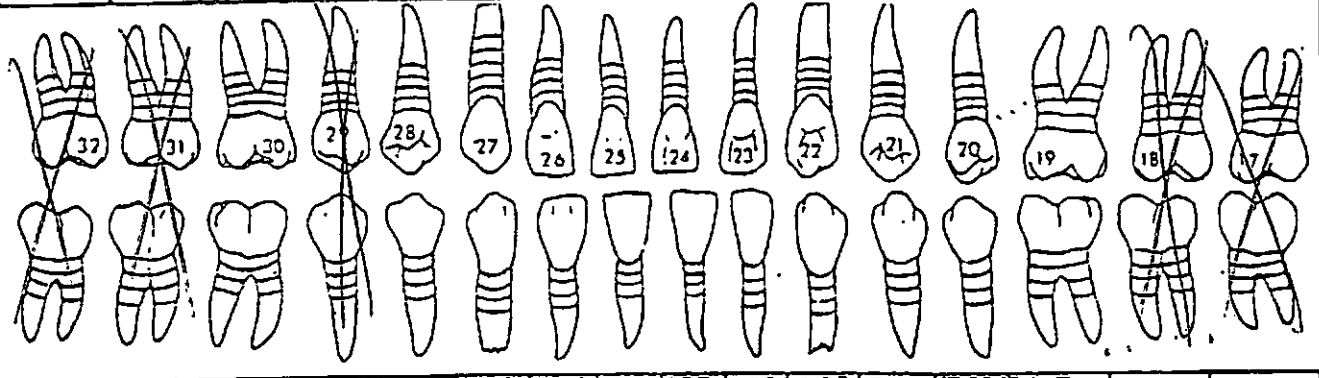
Initial		323	323	323	323	323	322	222	222	222	223	323	323	323		

Patient:

Initial			323		323	323	323	322	222	222	222	223	323	323		

Date

Lingual



R L

MOBILITY

Buccal Date

Initial			323		323	322	222	222	222	222	223	323	323	323		

NAME Rodriguez, Angelica

DATE	TOOTH	SERVICE RENDERED	CHARGES	INSUR. BILLED
5/21/15		patient has been to see a		
		teeth seem to be ok		
		#2 #3 [illegible]		
		16m		
		Lido [illegible]		
10/8/15				
		patient still compl. of		
		pain on #2 #3 [illegible]		
		has been referred to pain		
		management specialist by the		
		[illegible] spine surgeon		
		I referred her to [illegible]		
		[illegible] for TMJ		
		to make sure the pain is		
		not from [illegible]		
11/12/15		refer to OS for		
		TMJ		
12/4/15	FM	Prophy - PMH-Ø Ø complaints		
		[illegible] CWNL Pt has good OH.		
		gen pink firm gingi. lt [illegible].		
		lt plaque. lt calc. Reinforced		
		good OH. Used [illegible]		
		FM handscale polish. Floss		
		NV: [illegible] MFC [illegible] #7006		

AFFIDAVIT OF PROFESSIONAL PHOTOCOPY SERVICE

I, THE UNDERSIGNED, DECLARE:

(a) I am an employee of Med-Legal Photocopy Service, 1430 E. Holt Ave. Covina, CA 91724 and registered Professional Photocopier number X-0149 in the county of Los Angeles.

(b) The attached copy of the records were transmitted or distributed to the authorized persons or entities and are true copies thereof.

(c) The records shall be transmitted or distributed to the authorized person or entities.

(d) These records were transmitted or distributed to us by mail directly from the facility. We are including all documents that we received but we did not witness the actual copying.

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

Executed on: 1/11/2016 at Covina, California

Signature

Control Number: _____

SOME

RECORDS ARE

OF POOR

QUALITY