ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO:	FOR COURT USE ONLY
NAME:	
FIRM NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	CASE NUMBER:
PLAINTIFF/PETITIONER:	CASE NOWIBER.
	JUDICIAL OFFICER:
DEFENDANT/RESPONDENT:	OSSIGNE OFFICER.
PROOF OF ELECTRONIC SERVICE	DEPARTMENT:
1 Lomet least 19 years old	
1. I am at least 18 years old.	
a. My residence or business address is (specify):	
b. My electronic service address is (specify):	
2. I electronically served the following documents (exact titles):	
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:	
On behalf of (name or names of parties represented, if person served is an attorned	·y).
b. Electronic service address of person served :	
c. On (date):	
The documents listed in item 2 were served electronically on the persons and	d in the manner described in an attachment.
(Form POS-050(P)/EFS-050(P) may be used for this purpose.)	
Date:	
Date.	
I declare under penalty of perjury under the laws of the State of California that the foregoin	ng is true and correct.
(TYPE OR PRINT NAME OF DECLARANT)	(SIGNATURE OF DECLARANT)

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