	MC-0
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER:	
EFENDANT/RESPONDENT:	
- ENDAMINESI SIDEMI.	CASE NUMBER:
DECLARATION	
I declare under penalty of perjury under the laws of the State of California	a that the foregoing is true and correct.
Date:	
- 4.0.	
(TVDE OR DDINT MAYE)	(0)0007175 05 05 05 05 05
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
1 1 4	Attorney for Plaintiff Petitioner Defenda
	Attorney for Plaintiff Petitioner Defenda