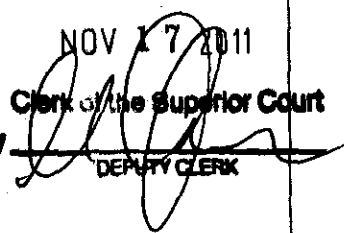


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Donald Kilmer (Bar # 179986) Law Offices of Donald Kilmer, APC 1645 Willow Street, Suite 150 San Jose, CA 95125 TELEPHONE NO.: (408) 264-8489 FAX NO. (Optional): (408) 264-8487 E-MAIL ADDRESS (Optional): Don@DKLawOffice.com ATTORNEY FOR (Name): Grant Early, Gene Hoffman and Calguns Foundation, Inc., Plaintiffs		FOR COURT USE ONLY FILED SAN MATEO COUNTY NOV 17 2011 Clerk of the Superior Court By  DEPUTY CLERK
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO STREET ADDRESS: 400 County Center MAILING ADDRESS: 400 County Center CITY AND ZIP CODE: Redwood City 94603 BRANCH NAME: Civil Division		
PLAINTIFF/PETITIONER: Grant Early, et al. DEFENDANT/RESPONDENT: County of San Mateo, et al.		
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL		CASE NUMBER: CIV 509185

TO (insert name of party being served): County of San Mateo -- C/O San Mateo County Counsel

NOTICE

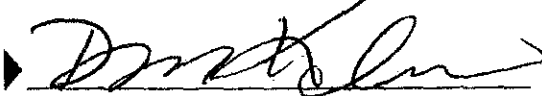
The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons 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 person 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: 2 Nov 2011 (emailed)

Donald Kilmer

(TYPE OR PRINT NAME)


 (SIGNATURE 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.
- ☒ Other (specify):

Civil Cover Sheet, Complaint Exhibit, Notice of Case Management Conference.

(To be completed by recipient):

Date this form is signed: **November 16, 2011**

David Silberman on behalf of **County of San Mateo**
 (TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY,
 ON WHOSE BEHALF THIS FORM IS SIGNED)

David Silberman Deputy County Counsel
 (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF
 ACKNOWLEDGMENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)