Attorney or Party Without Attorney (Name and Address)

SEAN A. BRADY, ESQ.

MICHEL & ASSOCIATES, P.C.

180 E OCEAN BLVD

STE 200

LONG BEACH CA 90802

562-216-4444

Attorney For (Name): **PLAINTIFF** SBN 262007

Telephone No.

562-216-4444

Ref. No. or File No.

082186/RANDO

Insert name of court and name of judicial district and branch court, if any.

BEFORE THE DEPARTMENT OF JUSTICE OFFICE OF THE ATTORNEY

GENERAL STATE OF CALIFORNIA

Short Title of Case:

RANDO VS OUINTERO

Invoice No.: 553047

Date:

Time:

Dep./Div.:

Case Number:

FOR COURT USE ONLY

13-504

PROOF OF SERVICE

I am employed in the COUNTY of LOS ANGELES; and, I am over the age of eighteen years, and not a party to this action. My business address is as listed below.

On: 06/17/13 I personally delivered the following documents:

PROPOSED REPLY TO DEFENDANTS' OPPOSITION TO RELATORS JOHN RANDO'S AND MARIANO A. RODAS' APPLICATION FOR LEAVE TO SUE IN QUO WARRANTO

TO: MARC J. NOLAN, DEPUTY ATTORNEY

AT: OFFC. OF THE ATTY GENERAL

300 S. SPRING STREET LOS ANGELES CA 90013

BY CONSTRUCTIVE SERVICE PURSUANT TO 1011(a)

BY LEAVING WITH: A. PARAISI WHOSE TITLE IS: RECEPTIONIST ON: 06/17/13 AT: 04:23 PM

DELIVERED BY: DANIEL F. MARION FEE FOR SERVICE: \$55.00

SIGNAL ATTORNEY SERVICE, INC.

P.O. Box 91985

Long Beach CA 90809

(562)595-1337 FAX(562)595-6294

d. Registered California process server

(1) [x] Employee or [1] Independent Contractor

(2) Registration No. 7128

(3) County: LOS ANGELES

(4) Expiration: 11/13/13

I declare under penalty of perjury, under the laws of the State of California, and of the United States of America that the foregoing is true and correct.

DATE: 06/19/13

SIGNATURE

MICHEL & ASSOCIATES, P.C. 180 E. OCEAN BLVD. SUITE 200 LONG BEACH CA 90802 PH: 562/216-4444 ATTORNEY FILE # 1082186 INCOR/P RATED MH Long Beach RETURN TODAY 562-595-1337 Torrance 310-316-1256 Mark X for special assignment(s). RUSH CHARGES APPLY Fax 562-595-6294 PLAINTIFF: COURT: JUDICIAL DIST: DEFENDANT: CITY: CASE #: ADJUSTER: APPROVED DIRECT BILLING: INSURED: CARRIER NAME: ADDRESS: CLAIM NUMBER: DATE OF LOSS: CITY, STATE, & ZIP: **FEES HEARING** FEES PAID/ LIST ALL DOCUMENTS: ATTACHED leply to Defendants Egosition to Application For Leave to sue In QUO Warranto OFFICE USE **INSTRUCTIONS:** FILE BY **SERVE BY** COURT Please serve the following porson today (\$17/13) **PROCESS** DELIVERY **IMPORTANT** Marc J. Wolan, Deputy Attorne Office of the Attorney General 300 S. Spring Street Los Angeles, OA 90013 RETURN FILE ADV FEE **SERVE ADV CHG DELIVER** TIME COPY G/S OTHER ☐ RESIDENCE Thanky an □ BUSINESS TOTAL AGE 9 FEMALE ! RACE SPECIAL ASSIGNMENT # ORIGINAL SUBMIT DATE RUNNER AIMSORLIAD PO ELLTR BOTTSRU FO THEFTARSEO MOITGES RECEPTION 自备户 2013 JUN 17 PM L: 23 окау 🗌 OKAY 🗌 BACK TO COURT BACK TO COURT NO CONFORM ATTY CK OUR CK CASH

FIRM:

Corporate Mailing Address: P.O. Box 91985 • Long Beach, CA 90809-1985 ORIGINAL