

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Anthony R. Hakl SBN: 197335 Office of the Attorney General 1300 I Street Sacramento, CA 95814 TELEPHONE NO.: (916) 210-6065 FAX NO. (Optional): (916) 324-8835 E-MAIL ADDRESS (Optional): anthony.hakl@doj.ca.gov ATTORNEY FOR (Name): Defendant, Dept. of Finance and Michael Cohen	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 5px;"> <p>FILED/ENDORSED</p> <p style="font-size: 1.2em;">AUG 24 2017</p> <p>By: <u> M. Rubalcaba </u> Deputy Clerk</p> </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento STREET ADDRESS: 720 9th Street MAILING ADDRESS: CITY AND ZIP CODE: Sacramento, CA 95814 BRANCH NAME: Gordon D. Schaber Courthouse	CASE NUMBER: <p style="text-align: center;">34-2013-80001667</p> JUDICIAL OFFICER: <p style="text-align: center;">Hon. Michael P. Kenny</p>
PLAINTIFF/PETITIONER: David Gentry, et al DEFENDANT/RESPONDENT: Xavier Becerra, et al	DEPT.: <p style="text-align: center;">31</p>
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION	

1. Please take notice that, as of (date): August 22, 2017

- the following self-represented party or
- the attorney for:
- a. plaintiff (name):
- b. defendant (name): Xavier Becerra, Stephen Lindley, Betty T. Yee
- c. petitioner (name):
- d. respondent (name):
- e. other (describe):

has **changed his or her address** for service of notices and documents or other contact information in the above-captioned action.

A list of additional parties represented is provided in Attachment 1.

2. The **new address** or other contact information for (name):

is as follows:

- a. Street:
- b. City:
- c. Mailing address (if different from above):
- d. State and zip code:
- e. Telephone number: (916) 210-6065
- f. Fax number (if available):
- g. E-mail address (if available):

3. All notices and documents regarding the action should be sent to the above address.

Date: August 24, 2017

Anthony Hakl

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

Page 1 of 2

PLAINTIFF/PETITIONER: David Gentry, et al	CASE NUMBER: 34-2013-80001667
DEFENDANT/RESPONDENT: Xavier Becerra, et al	

**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION**

(NOTE: This page may be used for proof of service by first-class mail of the Notice of Change of Address or Other Contact Information. Please use a different proof of service, such as Proof of Service—Civil (form POS-040), if you serve this notice by a method other than first class-mail, such as by fax or electronic service. You cannot serve the Notice of Change of Address or Other Contact Information if you are a party in the action. The person who served the notice must complete this proof of service.)

1. At the time of service, I was at least 18 years old and not a party to this action.
2. I am a resident of or employed in the county where the mailing took place. My residence or business address is (specify):
1300 I Street, Sacramento, CA 95814
3. I served a copy of the *Notice of Change of Address or Other Contact Information* by enclosing it in a sealed envelope addressed to the persons at the addresses listed in item 5 and (check one):
 - a. deposited the sealed envelope with the United States Postal Service with postage fully prepaid.
 - b. placed the sealed envelope for collection and for mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The *Notice of Change of Address or Other Contact Information* was placed in the mail:
 - a. on (date): 8/24/17
 - b. at (city and state): Sacramento, CA
5. The envelope was addressed and mailed as follows:

<ol style="list-style-type: none"> a. Name of person served: Scott Franklin Street address: 180 E. Ocean Blvd., #200 City: Long Beach State and zip code: CA, 90802 b. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> c. Name of person served: Street address: City: State and zip code: d. Name of person served: Street address: City: State and zip code:
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Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

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

Date: 8/24/17

Tracie Campbell

(TYPE OR PRINT NAME OF DECLARANT)



Tracie Campbell

(SIGNATURE OF DECLARANT)