

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 262007 NAME: Sean A. Brady FIRM NAME: Michel & Associates, P.C. STREET ADDRESS: 180 East Ocean Boulevard, Suite 200 CITY: Long Beach STATE: CA ZIP CODE: 90802 TELEPHONE NO.: (562) 216-4444 FAX NO.: (562) 216-4445 E-MAIL ADDRESS: sbrady@michellawyers.com ATTORNEY FOR (Name): Lokey Firearms, et al.	FOR COURT USE ONLY Electronically Filed by Superior Court of CA, County of Santa Clara, on 7/6/2020 11:07 AM Reviewed By: Y. Chavez Case #20CV365840 Envelope: 4552037
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose 95113 BRANCH NAME: Downtown Superior Court	
Plaintiff/Petitioner: Lokey Firearms, et al. Defendant/Respondent: County of Santa Clara, et al.	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL	CASE NUMBER: 20CV365840

TO (insert name of party being served): Sara H.Cody, M.D., in her official capacity as Health Officer of the County of Santa Clara

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: June 8, 2020

Sean A. Brady
(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):
 (1) Summons; (2) Petition for Writ of Mandate and/or Prohibition or Other Appropriate Relief; Complaint for Declaratory and Injunctive Relief; (3) Civil Case Cover Sheet; (4) Alternative Dispute Resolution Information Sheet

(To be completed by recipient):

Date this form is signed: June 30, 2020
Hannah Kieschnick OBO Sara H. Cody, in her official capacity as Health Officer of the County of Santa Clara
 (TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, ON WHOSE BEHALF THIS FORM IS SIGNED)



Deputy County Counsel
Office of the County Counsel
County of Santa Clara

(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF ACKNOWLEDGMENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)