

- DO NOT FILE WITH THE COURT -
- UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

CIV-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO.: 530-243-8008	FOR COURT USE ONLY CASE NUMBER: CIV-DS1935422
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE San Bernardino, CA 92415-0210 BRANCH NAME:		
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): James Woods, Sr.
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 150,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 500,000.00 |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) | \$ 250,000.00 |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 1,000,000.00 |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

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CIV-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stornment - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO.: 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		CASE NUMBER: CIV-DS1935422
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): James Woods, Jr.
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 500,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 1,000,000.00 |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) | \$ 250,000.00 |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 5,000,000.00 |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
 ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
- f. Name, address and telephone number and, if applicable, county of registration and number:

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

Date:

(SIGNATURE)

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

(SIGNATURE)

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)</small> Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 <small>ATTORNEY FOR (name):</small> Plaintiff	<small>TELEPHONE NO</small> 530-243-8008	<small>FOR COURT USE ONLY</small>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <small>STREET ADDRESS:</small> 247 W. Third Street, 3rd Floor, 0210 <small>MAILING ADDRESS</small> <small>CITY AND ZIP CODE:</small> San Bernardino, CA 92415-0210 <small>BRANCH NAME:</small>		<small>CASE NUMBER</small> CIV-DS1935422
<small>PLAINTIFF:</small> TROY MCFADYEN, et al. <small>DEFENDANT:</small> GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
Plaintiff (name of one plaintiff only): Michael Elliott, Ind. & Heir/Succ. In Int. to Daniel L. Elliott II & Diana Steele, Dec.
seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|---|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ |
| b. <input type="checkbox"/> Emotional distress | \$ |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) | \$ |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ 50,000.00 |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ 5,000,000.00 |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify) | \$ 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

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1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
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 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
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 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
- f. Name, address and telephone number and, if applicable, county of registration and number:

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

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

▶ _____
(SIGNATURE)

▶ _____
(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

CIV-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Storment - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO.: 530-243-8008	FOR COURT USE ONLY
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to (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): M.E., Ind. & Heir/Succ. In Int. to Daniel Lee Elliott II & Diana Steele, Deceased
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ |
| b. <input type="checkbox"/> Emotional distress. | \$ |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ |
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| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ |
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| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify) \$ 10,000,000.00 when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
 ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

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

Date:

(SIGNATURE)

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

(SIGNATURE)

- DO NOT FILE WITH THE COURT -
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CIV-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Storment - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff		TELEPHONE NO 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME			
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.			
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		CASE NUMBER: CIV-DS1935422	

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
Plaintiff (name of one plaintiff only): G.E., Ind. & Heir/Succ. In Int. to Daniel Lee Elliott II & Diana Steele, Deceased
seeks damages in the above-entitled action, as follows:

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| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ 10,000,000.00
when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

CIV-050

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):</small> Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 <small>ATTORNEY FOR (name):</small> Plaintiff	<small>TELEPHONE NO.</small> 530-243-8008	<small>FOR COURT USE ONLY</small>
<small>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</small> SAN BERNARDINO <small>STREET ADDRESS:</small> 247 W. Third Street, 3rd Floor, 0210 <small>MAILING ADDRESS:</small> <small>CITY AND ZIP CODE:</small> San Bernardino, CA 92415-0210 <small>BRANCH NAME:</small>		<small>CASE NUMBER:</small> CIV-DS1935422
<small>PLAINTIFF:</small> TROY MCFADYEN, et al. <small>DEFENDANT:</small> GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
Plaintiff (name of one plaintiff only): Bob Steele, Dep. Adult by GAL, David Steele, Heir/Succ. Int. to Diana Steele, Dec.
seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ |
| b. <input type="checkbox"/> Emotional distress | \$ |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) | \$ |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ 50,000.00 |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ 5,000,000.00 |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify) .. \$ 10,000,000.00
when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
ESTEE LEWIS

(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
- f. Name, address and telephone number and, if applicable, county of registration and number:

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

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

- DO NOT FILE WITH THE COURT -
- UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO.: 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		CASE NUMBER CIV-DS1935422
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): Tiffany Phommathep
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|---|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ _____ |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ _____ |
| e. <input type="checkbox"/> Other (specify) | \$ _____ |
| f. <input type="checkbox"/> Other (specify) | \$ _____ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 500,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 2,000,000.00 |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) | \$ 250,000.00 |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 5,000,000.00 |
| e. <input type="checkbox"/> Property damage | \$ _____ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ _____ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ _____ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ _____ |
| i. <input type="checkbox"/> Other (specify) | \$ _____ |
| j. <input type="checkbox"/> Other (specify) | \$ _____ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify) .. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business
 (1) date:
 (2) time:
 (3) address:
- e. ☐ by mailing
 (1) date:
 (2) place:

2. Manner of service (check proper box):

- a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
- b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
- e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. ☐ Other (specify code section):
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

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

Date:



(SIGNATURE)

(For California sheriff, marshal, or constable use only)
 I certify that the foregoing is true and correct.

Date:



(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff		TELEPHONE NO.: 530-243-8008	FOR COURT USE ONLY CASE NUMBER CIV-DS1935422
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:			
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.			
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)			

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): N.P., a Minor, through their Guardian ad Litem, TIFFANY PHOMMATHEP
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .. | \$ |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 2,500.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 25,000.00 |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 500,000.00 |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
 ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

▶ _____
(SIGNATURE)

▶ _____
(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

CIV-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Storment - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		
		CASE NUMBER: CIV-DS1935422

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): John Phommathep
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ _____ |
| b. <input type="checkbox"/> Emotional distress | \$ _____ |
| c. <input checked="" type="checkbox"/> Loss of consortium | \$ 10,000,000.00 |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ _____ |
| e. <input type="checkbox"/> Other (specify) | \$ _____ |
| f. <input type="checkbox"/> Other (specify) | \$ _____ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ _____ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ _____ |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ _____ |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) | \$ _____ |
| e. <input type="checkbox"/> Property damage | \$ _____ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ _____ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ _____ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ _____ |
| i. <input type="checkbox"/> Other (specify) | \$ _____ |
| j. <input type="checkbox"/> Other (specify) | \$ _____ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ _____
when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
 ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

Date:

(SIGNATURE)

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO. 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		CASE NUMBER: CIV-DS1935422
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): J.P., a Minor, through their Guardian ad Litem, TIFFANY PHOMMATHEP
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 100,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 150,000.00 |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 1,000,000.00 |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO. 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		CASE NUMBER CIV-DS1935422
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): J.P., II, a Minor, through their Guardian ad Litem, TIFFANY PHOMMATHAP
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 50,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 100,000.00 |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 1,000,000.00 |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify) .. \$ 10,000,000.00
when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business
 (1) date:
 (2) time:
 (3) address:
- e. ☐ by mailing
 (1) date:
 (2) place:

2. Manner of service (check proper box):

- a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
- b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
- e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. ☐ Other (specify code section):
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

(For California sheriff, marshal, or constable use only)
 I certify that the foregoing is true and correct.

Date:

Date:



(SIGNATURE)



(SIGNATURE)

CIV-050

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)</small> Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 <small>ATTORNEY FOR (name):</small> Plaintiff	<small>TELEPHONE NO.</small> 530-243-8008	<small>FOR COURT USE ONLY</small>
<small>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</small> SAN BERNARDINO <small>STREET ADDRESS:</small> 247 W. Third Street, 3rd Floor, 0210 <small>MAILING ADDRESS:</small> <small>CITY AND ZIP CODE:</small> San Bernardino, CA 92415-0210 <small>BRANCH NAME:</small>		<small>CASE NUMBER</small> CIV-DS1935422
<small>PLAINTIFF:</small> TROY MCFADYEN, et al. <small>DEFENDANT:</small> GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
Plaintiff (name of one plaintiff only): Marcia McHugh, Heir at Law/Succ. in Interest to Joseph McHugh, Deceased
seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ |
| b. <input type="checkbox"/> Emotional distress | \$ |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) | \$ |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ 50,000.00 |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ 5,000,000.00 |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify) \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
 - f. Name, address and telephone number and, if applicable, county of registration and number:

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

Date:

(SIGNATURE)

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name) Plaintiff	TELEPHONE NO: 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		CASE NUMBER: CIV-DS1935422
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): Grace McHugh, Heir at Law/Succ. in Interest to Joseph McHugh, Deceased
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|---|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ |
| b. <input type="checkbox"/> Emotional distress | \$ |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) | \$ |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ 50,000.00 |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ 5,000,000.00 |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ 10,000,000.00
when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business
 (1) date:
 (2) time:
 (3) address:
- e. ☐ by mailing
 (1) date:
 (2) place:

2. Manner of service (check proper box):

- a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
- b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
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- f. ☐ Other (specify code section):
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

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

(For California sheriff, marshal, or constable use only)
 I certify that the foregoing is true and correct.

Date:

Date:



(SIGNATURE)



(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

CIV-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name), Plaintiff	TELEPHONE NO 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor. 0210 MAILING ADDRESS CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME		CASE NUMBER CIV-DS1935422
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): A.H., a Minor, by & through his Guardian ad Litem, Maria Monroy
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 500,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 1,000,000.00 |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 5,000,000.00 |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
 ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business
 (1) date:
 (2) time:
 (3) address:
- e. ☐ by mailing
 (1) date:
 (2) place:

2. Manner of service (check proper box):

- a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
- b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
- e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. ☐ Other (specify code section):
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

(For California sheriff, marshal, or constable use only)
 I certify that the foregoing is true and correct.

Date:

Date:

▶ _____
 (SIGNATURE)

▶ _____
 (SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

CIV-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD, LLP / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiffs	TELEPHONE NO 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		CASE NUMBER CIV-DS1935422
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		

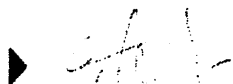
To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): Troy McFadyen, Ind. & Heir/Succ. In Interest to Michelle McFadyen, Deceased
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress. | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1 g. | |
| 2. Special damages | |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) | \$ 500,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) | \$ 1,000,000.00 |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) | \$ 250,000.00 |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) | \$ 1,000,000.00 |
| e. <input type="checkbox"/> Property damage | \$ |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ 50,000.00 |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ 5,000,000.00 |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
 - f. Name, address and telephone number and, if applicable, county of registration and number:

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

Date:

(SIGNATURE)

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

CIV-050

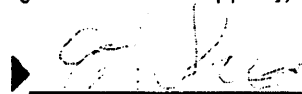
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff	TELEPHONE NO. 530-243-8008	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:		
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		
		CASE NUMBER: CIV-DS1935422

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): Sia Bow, Heir at Law/Succ. in Interest to Michelle McFadyen, Deceased
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ _____ |
| b. <input type="checkbox"/> Emotional distress | \$ _____ |
| c. <input type="checkbox"/> Loss of consortium | \$ _____ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ _____ |
| f. <input type="checkbox"/> Other (specify) | \$ _____ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ _____ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ _____ |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ _____ |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) | \$ _____ |
| e. <input type="checkbox"/> Property damage | \$ _____ |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) | \$ 50,000.00 |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) | \$ 5,000,000.00 |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ _____ |
| j. <input type="checkbox"/> Other (specify) | \$ _____ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
 ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in Item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
 - a. ☐ Statement of Damages ☐ Other (specify):
 - b. on (name):
 - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
 - d. ☐ by delivery ☐ at home ☐ at business
 - (1) date:
 - (2) time:
 - (3) address:
 - e. ☐ by mailing
 - (1) date:
 - (2) place:
2. Manner of service (check proper box):
 - a. ☐ Personal service. By personally delivering copies. (CCP § 415.10)
 - b. ☐ Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
 - c. ☐ Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - d. ☐ Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
 - e. ☐ Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
 - f. ☐ Other (specify code section):
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
 - a. ☐ California sheriff, marshal, or constable
 - b. ☐ Registered California process server
 - c. ☐ Employee or independent contractor of a registered California process server
 - d. ☐ Not a registered California process server
 - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
 - f. Name, address and telephone number and, if applicable, county of registration and number:

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

Date:



(SIGNATURE)

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:



(SIGNATURE)

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Brandon Stormont - SBN 267260 Estee Lewis - SBN 268358 BARR & MUDFORD / P.O. Box 994390 Redding, CA 96099-4390 ATTORNEY FOR (name): Plaintiff		TELEPHONE NO: 530-243-8008	FOR COURT USE ONLY CASE NUMBER: CIV-DS1935422
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210 MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415-0210 BRANCH NAME:			
PLAINTIFF: TROY MCFADYEN, et al. DEFENDANT: GHOST GUNNER INC., et al.			
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)			

To (name of one defendant only): Blackhawk Manufacturing Group Inc., d/b/a 80Percentarms.com
 Plaintiff (name of one plaintiff only): Phillip Bow, Heir at Law/Succ. in Interest to Michelle McFadyen, Deceased
 seeks damages in the above-entitled action, as follows:

- | | AMOUNT |
|--|------------------|
| 1. General damages | |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience | \$ |
| b. <input type="checkbox"/> Emotional distress | \$ |
| c. <input type="checkbox"/> Loss of consortium | \$ |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) | \$ |
| f. <input type="checkbox"/> Other (specify) | \$ |
| g. <input type="checkbox"/> Continued on Attachment 1.g. | |
| 2. Special damages | |
| a. <input type="checkbox"/> Medical expenses (to date) | \$ |
| b. <input type="checkbox"/> Future medical expenses (present value) | \$ |
| c. <input type="checkbox"/> Loss of earnings (to date) | \$ |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) | \$ |
| e. <input type="checkbox"/> Property damage | \$ |
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| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) | \$ |
| j. <input type="checkbox"/> Other (specify) | \$ |
| k. <input type="checkbox"/> Continued on Attachment 2.k. | |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00 |
| when pursuing a judgment in the suit filed against you. | |

Date: September 2, 2020
 ESTEE LEWIS

(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF: TROY MCFADYEN, et al.	CASE NUMBER:
DEFENDANT: GHOST GUNNER INC., et al.	CIV-DS1935422

PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business
 (1) date:
 (2) time:
 (3) address:
- e. ☐ by mailing
 (1) date:
 (2) place:

2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. ☐ **Other (specify code section):**
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number.

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

Date:

 (SIGNATURE)

(For California sheriff, marshal, or constable use only)
 I certify that the foregoing is true and correct.

Date:

 (SIGNATURE)