PROOF OF SERVICE

Select one:

[ ] I declare that I am over the age of eighteen (18) years and not a party to this action.

My address is *<Insert Dept Name>*, One Shields Ave., University of California, Davis, CA 95616 (Davis) or Your Business Address (Health)

[ ] I declare that I am over the age of eighteen (18) years. My address is

*<Insert Dept Name>*, One Shields Ave.,University of California, Davis, CA 95616 or . (Davis) or Your Business Address (Health).

Check one:

[ ] **PERSONAL DELIVERY**. On <*Insert Date*>, I served the documents listed below to ***<****Insert Recipient Name****>*** by hand delivering a true copy to the address as follows:

<*Insert Recipient Name*>

<*Insert Location of delivery*>

[ ] **DELIVERY BY U.S. MAIL**. On <*Insert Date*>, I served the documents listed below to **<***Insert Recipient Name***>** by placing a true copy enclosed in a sealed envelope, with postage fully prepaid for delivery by the U.S. Postal Service, addressed as follows:

*Name*

*Address*

*City, State Zip Code*

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on <*Insert Date*> at Davis, California (Davis) or Sacramento, California (Health).

Typed name Signature

Attachments:

<*Description of Document*> to **<***Insert Recipient Name***>**

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