

IN THE MATTER OF:	CASE NUMBER:
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PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and am not a party in this cause. I am a resident of or employed in the county where the mailing occurred.

2. My (the servers) home or business address is : _____
(STREET ADDRESS)

(CITY, STATE, ZIP)

3. I served the forgoing Notice to Public Entities by enclosing a copy in an envelope addressed to:

Employment Development Department
 Post Office Box 826880
 Sacramento, CA 94280-0001

State Board of Equalization
 Post Office Box 942879
 Sacramento, CA 94279-0001

and depositing the sealed envelope with the United State Postal Service with the postage fully prepaid.

4. Date mailed: _____ Place mailed (city,state): _____

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

Date: _____
(SIGNATURE OF DECLARANT)