			1 00-010
ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO:		FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP	CODE:	
TELEPHONE NO.:	FAX NO. :		
E-MAIL ADDRESS:			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COU	NTY OF		1
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
Plaintiff/Petitioner:			1
Defendant/Respondent:			
Defendant/Respondent.			
NOTICE AND ACKNOW	LEDGMENT OF RECEIP	T—CIVIL	CASE NUMBER:
TO (insert name of party being served):			
	NOT	10E	
Procedure. Your failure to complete to (or the party on whose behalf you are on you in any other manner permitted If you are being served on behalf of a form must be signed by you in the na	this form and return it within a be being served) to liability for d by law. a corporation, an unincorpora ame of such entity or by a pe ust be signed by you persona	20 days from the date the payment of any e ated association (inclusion authorized to recally ally or by a person au	tion 415.30 of the California Code of Civil of mailing shown below may subject you expenses incurred in serving a summons uding a partnership), or other entity, this believe service of process on behalf of such thorized by you to acknowledge receipt of olete on the day you sign the
Date of mailing:			
		<u> </u>	
(TYPE OR PRINT N	AME)	(SIGNATU	RE OF SENDER—MUST NOT BE A PARTY IN THIS CASE)
	ACKNOWLEDGME	ENT OF RECEIPT	
This acknowledges receipt of (to be con	npleted by sender before n	mailing):	
 A copy of the summons and of Other (specify): 	the complaint.		
(To be completed by recipient):			
Date this form is signed:		K .	
(TVDE OD PRINT VOUR NAME AND VA	AF OF ENTITY IF ANY	(OLONIATURE)	DE DEDCON ACKNOW! EDGING PEGEDT WITH TITLE IS
(TYPE OR PRINT YOUR NAME AND NAM ON WHOSE BEHALF THIS FORI			DF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF NT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)

Page 1 of 1