

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 103,249 NAME: Kurt A. Stiefler FIRM NAME: STREET ADDRESS: 4422 Mammoth Avenue CITY: Sherman Oaks STATE: CA ZIP CODE: 91423 TELEPHONE NO.: 818-616-1050 FAX NO. : E-MAIL ADDRESS: stieflerlaw@att.net ATTORNEY FOR (name): Reesedale Mutual Water Company	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: Santa Clara Case No. 1-05-CV-049053
Plaintiff/Petitioner: Antelope Valley Groundwater Cases Defendant/Respondent: Reesedale Mutual Water Company	JUDICIAL OFFICER: Jack Komar
PROOF OF ELECTRONIC SERVICE	DEPARTMENT: Room 222

1. I am at least 18 years old.
 - a. My residence or business address is (specify):
4422 Mammoth Avenue
 - b. My electronic service address is (specify):
Stieflerlaw@att.net
2. I electronically served the following documents (exact titles):
 Supplement Declaration of Patricia Parker in Support of Reesedale Mutual Water Company Reesedale Mutual Water Company's Request to be included in Stipulated Settlement Agreement and Declaration of Donna Hopkins' Declaration in Support of Reesedale Mutual Water Company's Request to be included in Stipulated Settlement Agreement

The documents served are listed in an attachment (Form POS-050(D)/EF5-050(D) may be used for this purpose.)

3. I electronically served the documents listed in 2 as follows:
 - a. Name of person served: Clerk of the Court per court order
 On behalf of (name or names of parties represented, if person served is an attorney):
 - b. Electronic service address of person served :
Case Website per court order
 - c. On (date): 9-28-2015
 - d. At (time): 4:15

The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. (Form POS-050(P)/EF5-050(P) may be used for this purpose.)

Date: 9-28-2015

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

Kurt Stiefler

(TYPE OR PRINT NAME OF DECLARANT)

[Handwritten Signature]

(SIGNATURE OF DECLARANT)