

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Derek R. Hoffman #285784</b>  <b>FENNEMORE DOWLING AARON LLP</b> 8080 N. Palm Avenue, Third Floor, Fresno, CA 93309  TELEPHONE NO.: 559-432-4500      FAX NO. (Optional): 559-432-4590 E-MAIL ADDRESS (Optional): dhoffman@fennemorelaw.com ATTORNEY FOR (Name): Saint Andrew's Abbey, Inc.	<b>FOR COURT USE ONLY</b>          CASE NUMBER: <b>Santa Clara SC 1-05-CV-049053</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b> STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: CENTRAL DISTRICT	
CASE NAME: ANTELOPE VALLEY GROUNDWATER CASES (JCCP 4408)	
<b>SUBSTITUTION OF ATTORNEY—CIVIL</b> <b>(Without Court Order)</b>	

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): Saint Andrew's Abbey, Inc. makes the following substitution:

1. Former legal representative     Party represented self     Attorney (name): Gresham Savage Nolan & Tilden, PC
2. New legal representative     Party is representing self\*     Attorney
  - a. Name: Derek R. Hoffman
  - b. State Bar No. (if applicable): 285784
  - c. Address (number, street, city, ZIP, and law firm name, if applicable): Fennemore Dowling Aaron LLP, 8080 N. Palm Avenue, Third Floor, Fresno, CA 93711
  - d. Telephone No. (include area code): 559-432-4500
3. The party making this substitution is a     plaintiff     defendant     petitioner     respondent     other (specify): Cross-defendant

**\*NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

• Guardian	• Personal Representative	• Guardian ad litem
• Conservator	• Probate fiduciary	• Unincorporated association
• Trustee	• Corporation	

If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

**NOTICE TO PARTIES WITHOUT ATTORNEYS**

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.  
 Date: JANUARY 18, 2022  
Damien Toilolo  
 (TYPE OR PRINT NAME)

▶ *Damien Toilolo*  
 (SIGNATURE OF PARTY)

5.  I consent to this substitution.  
 Date: January 14, 2022  
Paige Gosney for Gresham Savage Nolan & Tilden PC  
 (TYPE OR PRINT NAME)

▶ *Paige Gosney*  
 (SIGNATURE OF FORMER ATTORNEY)

6.  I consent to this substitution.  
 Date: January 19, 2022  
Derek Hoffman  
 (TYPE OR PRINT NAME)

▶ *Derek Hoffman*  
 (SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

**SUBSTITUTION OF ATTORNEY—CIVIL**  
**(Without Court Order)**

CASE NAME: ANTELOPE VALLEY GROUNDWATER CASES (JCCP 4408)	CASE NUMBER: Santa Clara SC 1-05-CV-049053
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**PROOF OF SERVICE BY MAIL  
Substitution of Attorney—Civil**

**Instructions:** After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

- I am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:
- I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.
  - Date of mailing:
  - Place of mailing *(city and state)*:
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

- a. Name of person served: SEE SERVICE LIST ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.
  - Address *(number, street, city, and ZIP)*:
  - Name of person served:
  - Address *(number, street, city, and ZIP)*:
  - Name of person served:
  - Address *(number, street, city, and ZIP)*:
  - Name of person served:
  - Address *(number, street, city, and ZIP)*:
  - Name of person served:
  - Address *(number, street, city, and ZIP)*:

List of names and addresses continued in attachment.