6. X I consent to this substitution. Date: 3/14/2013 Ramin Zomorodi (SIGNATURE OF NEW ATTORNEY) (TYPE OR PRINT NAME) (See reverse for proof of service by mail)

1 PROOF OF SERVICE 2 STATE OF CALIFORNIA, 3 COUNTY OF SANTA BARBÁRA 4 I am employed in the County of Santa Barbara, State of California. I am over the age of 18 and not a party to the within action; my business address is: 21 E. Carrillo Street, Santa Barbara, 5 California 93101. 6 On March 14, 2013, I served the foregoing document described as: 7 AGWA: Amended Substitution of Attorney Form re Ramin Zomorodi. 8 9 on the interested parties in this action. 10 By posting it on the website by 5:00 p.m. on March 14, 2013. 11 This posting was reported as complete and without error. 12 (STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct. 13 14 Executed in Santa Barbara, California, on March 14, 2013. 15 16 17 18 19 LINDA MINKY SIGNATURE 20 TYPE OR PRINT NAME 21 22 23 24 25 26 27 28 SB 632624 v12:037966.0001

PROOF OF SERVICE