

NAME, ADDRESS, AND TELEPHONE NUMBER
OF ATTORNEY(S)

ATTORNEY(S) FOR:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

VS PLAINTIFF(S) DEFENDANT(S)	CASE NUMBER
	CERTIFICATE OF SERVICE BY MAIL BY ATTORNEY [C.C.P. 1013A (2)]

(Must be attached to original or a true copy of paper served.)

No. _____

_____ hereby certify that I am
an active member of the State Bar of California, and am not a party to the within action.

That my business address is _____

That I served a copy of the attached _____

_____ at their (business/residence) address _____

_____ which envelope was then sealed and postage fully prepaid thereon, and thereafter was on _____

20 _____, deposited in the United States mail at: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct
and that this document was executed on _____, at _____

(Type or Print Name)

(Signature)

CERTIFICATE OF SERVICE BY MAIL BY ATTORNEY [C.C.P. 1013A (2)]