| | MC-05 |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bas number, and address): | FOR COURT USE ONLY |
| - Jorge I. Hernandez (SBN 263617) | |
| Law Office of Jorge I. Hernandez | |
| 823 Anchorage Place | SAN DIEGO SUPERIOR COURT |
| Chula Vista, CA 91914 | |
| TELEPHONE NO.: 619-475-6677 FAX NO. (Optionel): | SAN DIEGO SUPERIOR COURT |
| E-MAIL ADDRESS (Optionar): jorge@jihlaw.com | SAIV DIES. |
| ATTORNEY FOR (Name): Plaintiff | ─ JUL 1 7 2017 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAIT Diego | JUL 1 1 2011 |
| STREET ADDRESS: 330 W. Broadway | . . }. |
| MAILING ADDRESS: | By: L. Von Nordheim, Deputy |
| CITY AND ZEP CODE: San Diego, CA 92101 | By: L. Voli Nordinesses |
| BRANCH NAME: Hall of Justice | |
| CASE NAME: | |
| Living Green Cooperative v. City of San Diego | |
| SUBSTITUTION OF ATTORNEY - CIVIL | CASE NUMBER: |
| (Without Court Order) | 37-2016-00039309-CU-MC-CTL |
| | <u></u> |
| 823 Anchorage Place Chula Vista, CA 91914 d. Telephone No. (include area code): 619-475-6677 3. The party making this substitution is a | |
| | en Cooperative |
| *NOTICE TO PARTIES APPLYING TO REPRESEN | NI THEMSELVES |
| Guardian Personal Representative | Guardian ad litem |
| Conservator | Unincorporated |
| Trustee Corporation | association |
| if you are applying as one of the parties on this list, you may NOT act as your to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFOR | |
| NOTICE TO PARTIES WITHOUT ATTORN | JEVS |
| A party representing himself or herself may wish to seek legal a | |
| timely and appropriate action in this case may result in serious! | |
| 4. I consent to this substitution. Date: July 17, 2017 | |
| | -1 1- |
| Living Green Cooperative | y were |
| (TYPE OR PRINT NAME) | (SIGNATURE OF PARTY) |
| 5. X I consent to this substitution. Date: July 17, 2017 | 1.1 |
| Lance Rogers | |
| (TYPE OR PRINT NAME) | (SIGNATURE OF FORMER ATTORNEY) |
| | |
| 6. X 1 consent to this substitution. Date: July 17, 2017 | \(\delta \) |
| Jorge I. Hernandez | al) (PV |
| TYPE OF BRIGHT NAMES | (SIGNATURE OF NEW ATTO (NEY) |
| (See reverse for proof of service by mail) | Page 1 of |
| Form Adopted For Mandatory Use CCD' Estabation SUBSTITUTION OF ATTORNEY - C | COM Code of Civil Procedure, 55 284(1), 28 |

| | · | MC-050 |
|--|---|---|
| CASE NAME: Living Green v City of San Diego | : | CASE NUMBER: 37-2016-00039309-CU-MC-CTL |
| | OF SERVICE BY MA tion of Attorney - Ci | |
| Instructions: After having all parties served by mail with the S | Substitution of Attomey | -Cîvîl, have the person who mailed the document |

complete this Proof of Service by Mall. An unsigned copy of the Proof of Service by Mall should be completed and served with the document. Give the Substitution of Attorney-Civil and the completed Proof of Service by Mail to the cierk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Servica by Mail.

- 1. 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): 823 Anchorage Place Chula Vista, CA 91914
- 2.. 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.
 - (1) Date of mailing: July 17, 2017
- (2) Place of mailing (city and state): Chula Vista, CA

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

Date: July 17, 2017

Donna L. Hernandez

(TYPE OR PRINT NAME)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

- 4. a. Name of person served: Glen Spitzer
 - b. Address (number, street, city, and ZIP): 1200 Third Avenue, Suite 1100 San Diego CA 92101
 - c. Name of person served:
 - d. Address (number, street, city, and ZIP):
 - e. Name of person served:
 - f. Address (number, street, city, and ZIP):
 - g. Name of person served:
 - h. Address (number, street, city, and ZIP):
 - i. Name of person served:
 - j. Address (number, street, city, and ZIP):

| ı | 7 | List of | names and | i addresses | continued in | i attachment |
|---|---|---------|-----------|-------------|--------------|--------------|
| | | | | | | |