

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: (State Bar Number 140763) NAME: Thomas Diachenko FIRM NAME: Law Offices of Thomas M. Diachenko, APC STREET ADDRESS: 1916 Third Avenue CITY: San Diego STATE: CA ZIP CODE: 92101 TELEPHONE NO.: (619) 699-5870 FAX NO.: (619) 699-5871 E-MAIL ADDRESS: Thom@diachenkolaw.com ATTORNEY FOR (name): Jamie Thomas		FOR COURT USE ONLY CASE NUMBER: 37-2021-00006092-CU-OE-CTL (Consolidated with
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 330 West Broadway MAILING ADDRESS: CITY AND ZIP CODE: San Diego 92101 BRANCH NAME: Hall of Justice Courthouse		
PLAINTIFF/PETITIONER: Jamie Thomas et al DEFENDANT/RESPONDENT: SDYS et al		JUDICIAL OFFICER: Case No.: 37-2021-37- 2021- J. Mangione 00040945-CU-OE-CTL)
PROOF OF ELECTRONIC SERVICE		DEPARTMENT: D75

1. I am at least 18 years old.

a. My residence or business address is (specify):
1916 3rd Avenue
San Diego, CA 92101

b. My electronic service address is (specify):
beth@diachenkolaw.com

2. I electronically served the following documents (exact titles):

Joint Stip to Approve Paga settlement with PAGA settlement & Release & enclosure letter, TMD declaration and Proposed Order for Court

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

3. I electronically served the documents listed in 2 as follows:

a. Name of person served: **LWDA**

On behalf of (name or names of parties represented, if person served is an attorney):

b. Electronic service address of person served :
john.clifford@wilsonelser.com

c. On (date): **1/30/2024**

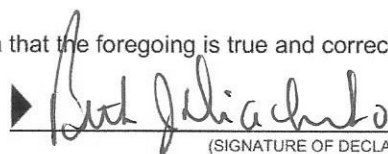
☐ The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment.
 (Form POS-050(P)/EFS-050(P) may be used for this purpose.)

Date: **January 30, 2024**

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

Beth J. Diachenko

(TYPE OR PRINT NAME OF DECLARANT)


 (SIGNATURE OF DECLARANT)