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January 19, 2024

**NOTICE OF LABOR CODE VIOLATIONS PURSUANT TO
LABOR CODE SECTION 2699.3**

To: California Labor and Workforce Development Agency
Attn: PAGA Administrator
1515 Clay Street, Suite 801
Oakland, California 94612
Via Online Submission Only

<u>PLATINUM EMPIRE GROUP, INC. D/B/A PLATINUM HEALTHCARE STAFFING</u> Attn.: Legal Department 335 E Avenue I Lancaster, CA 93535 <u>Certified No.: 7022 3330 0002 1393 7162</u>	<u>PLATINUM EMPIRE GROUP, INC. D/B/A PLATINUM HEALTHCARE STAFFING</u> Attn.: Legal Department 2430 Amsler Street, Ste. B Torrance, CA 90505 <u>Certified No.: 7022 3330 0002 1393 7179</u>
<u>PLATINUM EMPIRE GROUP, INC. D/B/A PLATINUM HEALTHCARE STAFFING</u> Attn.: Arun Mahtani, Agent for Service of Process 850 E. Ocean Blvd., Unit 1204 Long Beach, CA 90802 <u>Certified No.: 7022 3330 0002 1393 7186</u>	<u>PLATINUM EMPIRE GROUP, INC D/B/A PLATINUM HEALTHCARE STAFFING</u> Attn.: Legal Department 3521 Lomita Blvd., Ste. 202B Torrance, CA 90505 <u>Certified No.: 7022 3330 0002 1393 7193</u>
<u>Executive Officer, Board of Supervisors</u> Attention: Claims 500 West Temple Street, Room 383 Los Angeles, CA 90012 <u>Certified No.: 7022 3330 0002 1393 7209</u>	<u>HIGH DESERT REGIONAL HEALTH CENTER</u> Attn.: Legal Department 335 E Avenue I Lancaster, CA 93535 <u>Certified No.: 7022 3330 0002 1393 7216</u>
<u>Department of Health Services Administration</u> 313 N. Figueroa St. Los Angeles, CA 90012 <u>Certified No.: 7022 3330 0002 1393 7223</u>	<u>Department of General Services</u> 707 Third Street West Sacramento, CA 95605 <u>Certified No.: 7022 3330 0002 1393 7230</u>

Labor & Workforce Development Agency

Re: *VANESSA DARLENE WRIGHT v. PLATINUM EMPIRE GROUP, INC., et al.*

January 19, 2024

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<u>Health Services Department</u> c/o Dr. Christina R. Ghaly, Director 313 N. Figueroa St., Rm. 912 Los Angeles, CA 90012 <u>Certified No.: 7022 3330 0002 1393 7247</u>	<u>Department of General Services</u> City Hall South 111 E. First Street Los Angeles, CA 90012 <u>Certified No.: 7022 3330 0002 1393 7254</u>
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From: VANESSA DARLENE WRIGHT, on behalf of herself and all other current and former aggrieved California-based hourly non-exempt employees of PLATINUM EMPIRE GROUP, INC. D/B/A PLATINUM HEALTHCARE STAFFING; and HIGH DESERT REGIONAL HEALTH CENTER, operating under the Los Angeles County Health Services Department

c/o Joseph Lavi, Esq.
N. Nick Ebrahimian, Esq.
Vincent C. Granberry, Esq.
Alan A. Wilcox, Esq.
LAVI & EBRAHIMIAN, LLP
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My firm has been retained by aggrieved employee VANESSA DARLENE WRIGHT concerning a representative action pursuant to the Private Attorneys General Act of 2004, Labor Code sections 2698, *et seq.* (“PAGA”) against her employers, PLATINUM EMPIRE GROUP, INC. D/B/A PLATINUM HEALTHCARE STAFFING; and HIGH DESERT REGIONAL HEALTH CENTER.

We are filing this written notice with the Labor and Workforce Development Agency (“LWDA”) pursuant to the provisions of the California Labor Code Sections 2699, 2699.3, and 2698, *et seq.* The purpose of this letter is to inquire whether LWDA intends to investigate and seek civil penalties associated with my client’s allegations of violations of the Labor Code by her Employers. In addition to submitting this letter and the \$75.00 filing fee via the online PAGA filing system, I am causing a copy of this letter to be mailed to the Department of Industrial Relations – Accounting Unit.

FACTUAL STATEMENT AND THEORIES OF LABOR CODE VIOLATIONS

Aggrieved employee VANESSA DARLENE WRIGHT (“Employee”) was employed by PLATINUM EMPIRE GROUP, INC. D/B/A PLATINUM HEALTHCARE STAFFING; and HIGH DESERT REGIONAL HEALTH CENTER, operating under the Los Angeles County

Health Services Department (collectively “Defendants” or “Employers”) as an hourly non-exempt employee from in or around August 14, 2023, until on or about August 18, 2023.

1. Failure to Pay the Minimum Wage Rate of Pay for All Hours Worked

Employee alleges that during her employment, Employers failed to pay her and other current and former aggrieved California-based hourly non-exempt employees with compensation at the minimum wage rate of pay for all the hours that they worked in violation of Labor Code sections 1194 and 1197. Labor Code section 1197 provides, “The minimum wage for employees fixed by the commission is the minimum wage to be paid to employees, and the payment of a less wage than the minimum so fixed is unlawful.” Labor Code section 1194 states, “...any employee receiving less than the legal minimum wage or the legal overtime compensation applicable to the employee is entitled to recover in a civil action the unpaid balance of the full amount of this minimum wage or overtime compensation, including interest thereon, reasonable attorney’s fees, and costs of suit.”

Employee alleges that during her employment, Employers failed to pay her and other current and former aggrieved California-based hourly non-exempt employees all wages at the applicable minimum wage for all hours worked due to Employers’ policies, practices, and/or procedures including, but not limited to:

- Requiring Employee and other current and former aggrieved California-based hourly non-exempt employees to set up Paylocity application profiles in order to utilize the application to clock in and out for their shifts while off-the-clock and without being paid for that time;
- On occasions when Employee and other current and former aggrieved California-based hourly non-exempt employees did not leave Employers’ premises to take meal breaks, Employers automatically deducted 30 minutes from Employee’s and other current and former aggrieved California-based hourly non-exempt employees’ daily hours worked and attributed that time to a meal break despite Employee and other current and former aggrieved California-based hourly non-exempt employees routinely not being provided uninterrupted, duty-free meal breaks.

Employee and other current and former aggrieved California-based hourly non-exempt employees were not paid for this time resulting in Employers’ failure to pay minimum wage for all the hours Employee and other current and former aggrieved California-based hourly non-exempt employees worked.

Employers’ aforementioned policies, practices, and/or procedures resulted in time each day in which Employee and other current and former aggrieved California-based hourly non-exempt employees were subject to the control of Employers without being compensated for that time.

Based on these violations, Employee intends to seek civil penalties pursuant to the Private

Attorneys General Act (“PAGA”), California Labor Code sections 2698, *et seq.*, and Labor Code section 1197.1, subdivisions (a)(1)-(2), on behalf of the Labor and Workforce Development Agency (“LWDA”) against Employers if authorized to file a representative action on behalf of the State of California. As a derivative claim of Employers’ failure to pay wages at a minimum wage rate for all hours worked, Employee will also seek statutory penalties under Labor Code section 226(a)(1) because the failure to pay such minimum wages for all hours worked rendered Employee’s and other current and former aggrieved California-based hourly non-exempt employees’ pay calculations inaccurate and in violation of Labor Code section 226(e)(2)(B)(i).

2. Failure to Pay Overtime Wages for Overtime Hours Work

Employee alleges that during her employment, Employers failed to pay her and other current and former aggrieved California-based hourly non-exempt employees for the overtime hours that they worked at their overtime rate of pay.

Labor Code section 510, subdivision (a), states in relevant part:

“Eight hours of labor constitutes a day’s work. Any work in excess of eight hours in one workday and any work in excess of 40 hours in any one workweek and the first eight hours worked on the seventh day of work in any one workweek shall be compensated at the rate of no less than one and one-half times the regular rate of pay for an employee. Any work in excess of 12 hours in one day shall be compensated at the rate of no less than twice the regular rate of pay for an employee. In addition, any work in excess of eight hours on any seventh day of a workweek shall be compensated at the rate of no less than twice the regular rate of pay of an employee.”

Further, Labor Code section 1198 provides,

The maximum hours of work and the standard conditions of labor fixed by the commission shall be the maximum hours of work and the standard conditions of labor for employees. The employment of any employee for longer hours than those fixed by the order or under conditions of labor prohibited by the order is unlawful.

Labor Code section 1194 provides, “...any employee receiving less than the legal minimum wage or the legal overtime compensation applicable to the employee is entitled to recover in a civil action the unpaid balance of the full amount of this minimum wage or overtime compensation, including interest thereon, reasonable attorney’s fees, and costs of suit.”

Employee alleges that during her employment, Employers failed to pay her and other current and former aggrieved California-based hourly non-exempt employees overtime wages for overtime hours worked due to Employers’ policies, practices, and/or procedures including, but not limited to:

- Requiring Employee and other current and former aggrieved California-based hourly non-

exempt employees to set up Paylocity application profiles in order to utilize the application to clock in and out for their shifts while off-the-clock and without being paid for that time;

- On occasions when Employee and other current and former aggrieved California-based hourly non-exempt employees did not leave Employers' premises to take meal breaks, Employers automatically deducted 30 minutes from Employee's and other current and former aggrieved California-based hourly non-exempt employees' daily hours worked and attributed that time to a meal break despite Employee and other current and former aggrieved California-based hourly non-exempt employees routinely not being provided uninterrupted, duty-free meal breaks.

Employee and other current and former aggrieved California-based hourly non-exempt employees were not paid for this time resulting in Employers' failure to pay minimum wage for all the hours Employee and other current and former aggrieved California-based hourly non-exempt employees worked.

Employers' aforementioned policies, practices, and/or procedures resulted in time each day in which Employee and other current and former aggrieved California-based hourly non-exempt employees were subject to the control of Employers without being compensated for that time. To the extent that the foregoing unpaid time resulted from Employee and other current and former aggrieved California-based hourly non-exempt employees being subject to the control of Employers when they worked more than eight (8) hours in a workday, more than forty (40) hours in a workweek, and/or seven days in a workweek, Employers failed to pay them at their overtime rate of pay for all the overtime hours they worked.

Employers' foregoing policies, practices, and/or procedures resulted in Employers failing to pay Employee and other current and former aggrieved California-based hourly non-exempt employees at their overtime rate of pay for all overtime hours worked, in violation of Labor Code sections 510, 1194, 1198, and the Wage Order.

Based on these violations, Employee intends to seek civil penalties pursuant to PAGA, Labor Code sections 2698, *et seq.*, and 558, subdivisions (a)(1)-(2) on behalf of LWDA against Employers if authorized to file a representative action on behalf of the State of California. As a derivative claim of Employers' failure to pay overtime wages for overtime hours worked, Employee will seek statutory penalties under Labor Code 226(a)(1) because the failure to pay such overtime wages rendered Employee's and other current and former aggrieved, California-based, hourly non-exempt employees' pay calculations inaccurate and in violation of Labor Code section 226(e)(2)(B)(i).

3. *Failure to Authorize or Permit Meal Periods in Violation of Labor Code Sections 512 and 226.7 and/or Failure to Pay Meal Period Premiums*

Employee alleges that during her employment, Employers failed to authorize or permit all legally required and compliant meal periods and/or pay meal period premiums. California law

requires an employer to provide an employee an uninterrupted meal period of no less than thirty (30) minutes in which the employee is relieved of all duties and the employer relinquishes control over the employee's activities prior to the employee's sixth hour of work. Labor Code §§226.7, 512; Wage Order 4, §11; *Brinker Rest. Corp. v. Super Ct. (Hohnbaum)* (2012) 53 Cal.4th 1004. An employer may not employ an employee for a work period of more than ten (10) hours per day without providing the employee with a second such meal period of not less than thirty (30) minutes prior to the start of the eleventh hour of work. *Id.* If the employer requires the employee to remain at the work site or facility during the meal period, the meal period must be paid. This is true even where the employee is relieved of all work duties during the meal period. *Bono Enterprises, Inc. v. Bradshaw* (1995) 32 Cal.App.4th 968. If an employer fails to provide an employee a meal period in accordance with the law, the employer must pay the employee one (1) hour of pay at the employee's regular rate of pay for each workday that a legally required and compliant meal period was not provided. Labor Code §226.7; Wage Order 4, §11.

Employee alleges that Employers failed to authorize or permit her and other current and former aggrieved California-based hourly non-exempt employees to take all legally required and compliant meal periods due to Employers' policies, practices, and/or procedures including, but not limited to, the following:

- On occasions when Employee and other current and former aggrieved California-based hourly non-exempt employees did not leave Employers' premises to take meal breaks, Employers automatically deducted 30 minutes from Employee's and other current and former aggrieved California-based hourly non-exempt employees' daily hours worked and attributed that time to a meal break despite Employee and other current and former aggrieved California-based hourly non-exempt employees routinely not being provided uninterrupted, duty-free meal breaks.

Additionally, Employee alleges that Employers maintained a policy, practice, and/or procedure whereby they failed to pay Employee and other current and former aggrieved California-based hourly non-exempt employees a meal period premium wage of one (1) additional hour of pay at their regular rate of compensation for each workday that they did not receive all legally required and compliant meal periods, in violation of Labor Code section 226.7 and Wage Order 4 at § 11.

Based on these violations, Employee intends to seek civil penalties pursuant to PAGA, Labor Code sections 2698, *et seq.*, on behalf of LWDA against Employers if authorized to file a representative action on behalf of the State of California. As a derivative claim of Employers' failure to authorize or permit all legally required and compliant meal periods and/or failure to pay meal period premium wages, Employee will seek statutory penalties under Labor Code section 226(a)(1) because the failure to pay meal period premiums and/or pay meal period premiums rendered Employee's and other current and former aggrieved California-based hourly non-exempt employees' pay calculations inaccurate and in violation of Labor Code section 226(e)(2)(B)(i).

4. *Failure to Indemnify Employees for Employment-Related Expenditures in Violation of Labor Code Section 2802*

Employees allege that during their employment, Employers failed to indemnify them and other current and former California-based employees for all necessary expenditures or losses incurred by them in the discharge of their duties. Labor Code section 2802(a) states, “An employer shall indemnify his or her employee for all necessary expenditures or losses incurred by the employee in direct consequence of the discharge of his or her duties, or of his or her obedience to the directions of the employer...”

Employees allege that during their employment, Employers failed to indemnify them and other current and former California-based employees for all necessary expenditures or losses incurred by them in the discharge of their duties due to Employers’ policies, practices, and/or procedures including, but not limited to, the following:

- Failing to reimburse Employee and other current and former aggrieved California-based hourly non-exempt employees for the cellular and data expense associated with maintaining and using the Paylocity application on their personal cell phone.

Employers’ aforementioned policies, practices, and/or procedures resulted in Employees and other current and former aggrieved California-based employees not receiving indemnification for employment-related expenditures, in violation of Labor Code 2802.

Based on this violation, Employees will seek both restitution for themselves and other current and former aggrieved California-based employees for Employers’ violations of Labor Code section 2802 and will seek civil penalties under PAGA, Labor Code sections 2698, *et seq.*, on behalf of the LWDA against Employers if authorized to file a representative action on behalf of the State of California.

5. *Failure to Timely Pay Earned Wages During Employment in Violation of Labor Code Section 204*

Employee alleges that during his employment, Employers failed to timely pay Employee’s and other current and former aggrieved California-based hourly non-exempt employees’ earned wages. In California, wages must be paid at least twice during each calendar month on days designated in advance by the employer as regular paydays, subject to some exceptions. Labor Code §204(a). Wages earned between the 1st and 15th days, inclusive, of any calendar month must be paid between the 16th and the 26th day of that month and wages earned between the 16th and the last day, inclusive, of any calendar month must be paid between the 1st and 10th day of the following month. *Id.* Other payroll periods such as those that are weekly, biweekly, or semimonthly, must be paid within seven (7) calendar days following the close of the payroll period in which wages were earned. Labor Code §204(d).

As a derivative of Employee’s claims above, Employee alleges that Employers failed to

timely pay her and other current and former aggrieved California-based hourly non-exempt employees' earned wages (including minimum wages, overtime wages, and/or meal period premium wages), in violation of Labor Code section 204. Employers' aforementioned policies, practices, and/or procedures resulted in Employers failing to pay Employee and other current and former aggrieved California-based hourly non-exempt employees their earned wages within the applicable time frames outlined in Labor Code 204.

Based on these violations, Employee intends to seek civil penalties pursuant to PAGA, Labor Code sections 2698, *et seq.*, on behalf of LWDA against Employers if authorized to file a representative action on behalf of the State of California.

6. Failure to Provide Accurate Wage Statements

Labor Code section 226(a) states that “[a]n employer, semimonthly or at the time of each payment of wages, shall furnish to his or her employee...an accurate itemized statement in writing showing (1) gross wages earned, (2) total hours worked by the employee...(3) the number of piece-rate units earned and any applicable piece rate if the employee is paid on a piece-rate basis, (4) all deductions, provided that all deductions made on written orders of the employee may be aggregated and shown as one item, (5) net wages earned, (6) the inclusive dates of the period for which the employee is paid, (7) the name of the employee and only the last four digits of his or her social security number or an employee identification number other than a social security number, (8) the name and address of the legal entity that is the employer...and (9) all applicable hourly rates in effect during the pay period and the corresponding number of hours worked at each hourly rate by the employee....”

Employee alleges that as a derivative of Employee's claims above, Employers failed to provide accurate wage and hour statements to Employee and other current and former aggrieved California-based hourly non-exempt employees who were subject to Employers' control for uncompensated time and who did not receive all their earned wages (including minimum wages, overtime wages, , and/or meal period premium wages), in violation of Labor Code section 226.

Based on these violations, Employee will seek civil penalties under Labor Code section 226.3, and PAGA, Labor Code sections 2698, *et seq.*, on behalf of LWDA, against Employers if authorized to file a representative action on behalf of the State of California.

7. Failure to Timely Pay Final Wages

Labor Code section 201(a) states that “[i]f an employer discharges an employee, the wages earned and unpaid at the time of discharge are due and payable immediately.” Labor Code section 202(a) continues, “[i]f an employee not having a written contract for a definite period quits his or her employment, his or her wages shall become due and payable not later than 72 hours thereafter....” Finally, Labor Code section 203(a) provides, “[i]f an employer willfully fails to pay...any wages of an employee who is discharged or who quits, the wages of the employee shall continue as a penalty from the due date thereof at the same rate until paid or until an action therefor

Labor & Workforce Development Agency

Re: *VANESSA DARLENE WRIGHT v. PLATINUM EMPIRE GROUP, INC., et al.*

January 18, 2024

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is commenced; but the wages shall not continue for more than 30 days....”

As a result of the aforementioned violations of the Labor Code, Employee alleges that he was not paid his final wages in a timely manner as required by Labor Code section 203. Earned wages (including minimum wages, overtime wages, and/or meal period premium wages) (all described above), were not paid at the time of Employee’s separation of employment. Employee is informed and believes and thereon alleges that former aggrieved California-based hourly non-exempt employees who separated from Employers, whether voluntarily or involuntarily, were not paid all wages due in a timely manner, as required by Labor Code sections 201, 202, and 203.

Based on these violations, Employee will seek civil penalties under PAGA, Labor Code sections 2698, *et seq.*, on behalf of LWDA, against Employers if authorized to file a representative action on behalf of the State of California.

8. Employers’ Other Violations of the California Labor Code

Finally, pursuant to *Huff v. Securitas Security Services USA, Inc.* (2018) 25 Cal.App.5th 745 (“*Huff*”), as an aggrieved employee, Employee has standing, and intends, on behalf of LWDA, to pursue civil penalties against Employers for any and all other Labor Code violations committed by Employers. In *Huff*, the California Court of Appeals held that an employee alleging a single violation of the Labor Code under PAGA may also bring PAGA claims against the employer for all other alleged Labor Code violations, even those suffered by other employees of the same employer. According to the *Huff* decision, Employee, as an “aggrieved” employee affected by at least one Labor Code violation may, and hereby does, pursue penalties on behalf of LWDA for unrelated Labor Code violations by Employers.

CONCLUSION

My client intends to file a representative action pursuant to PAGA concerning his wage claims as warranted by Employers’ violations of Labor Code sections 201, 202, 203, 204, 226, 226.7, 510, 512, 1194, 1197, 1198, and 2802, and the IWC Wage Orders. This letter is being sent to you as an inquiry into whether LWDA wishes to investigate my client’s claims for civil penalties associated with Employers’ violations of the Labor Code, as alleged herein. Thank you for your assistance and cooperation in this matter. If you have any questions or concerns, please contact me at the above-listed information.

Very truly yours,
LAVI & EBRAHIMIAN, LLP


Alan Wilcox, Esq.

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Attn.: Legal Department

335 E. Avenue I

Lancaster, CA 93535

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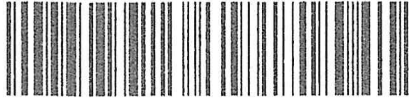
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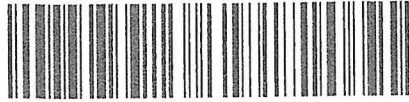
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LAVI & EBRAHIMIAN, LLP
889 W. Olympic Blvd., Suite 200
Beverly Hills, CA 90211

Wright v. Platinum Empire Group (PAGA); NNE/UC/AW/CF

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATINUM EMPIRE GROUP, INC. DBA
PLATINUM HEALTHCARE STAFFING
Attn.: Legal Department
2430 Amsler Street, Ste. B
Torrance, CA 90505



7022 3330 0002 1393 7179

2. Article Number (transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

EBRAHIMIAN, LLP
Olympic Blvd., Suite 200
Ply Hills, CA 90211

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☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

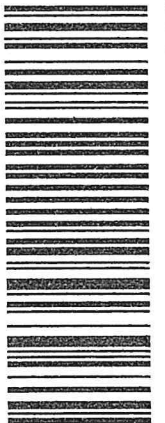
☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

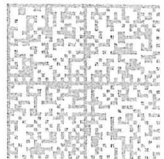
Domestic Return Receipt

CERTIFIED MAIL



7022 3330 0002 1393 7179

FIRST-CLASS



US POSTAGE
PATNEY BOWES
ZIP 90211
02 7H
0006127620 JAN 19 2024
\$010.45

**PLATINUM EMPIRE GROUP,
INC. DBA PLATINUM
HEALTHCARE STAFFING
Attn.: Legal Department
2430 Amsler Street, Ste. B
Torrance, CA 90505**

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

PLATINUM EMPIRE GROUP, INC. DBA
PLATINUM HEALTHCARE STAFFING
Attn.: Arun Mahtani, Registered Agent
850 E. Ocean Blvd., Unit 1204
Long Beach, CA 90802

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

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PLATINUM EMPIRE GROUP, INC. DBA
PLATINUM HEALTHCARE STAFFING
Attn.: Arun Mahtani, Registered Agent
850 E. Ocean Blvd., Unit 1204
Long Beach, CA 90802



7022 3330 0002 1393 7186

2. Article Number (transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

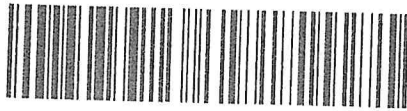
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 7863 2234 1028 55

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

LAVI & EBRAHIMIAN, LLP
8889 W. Olympic Blvd., Suite 200
Beverly Hills, CA 90211

Wright v. Platinum Empire Group (PAGA); NNE/VG/AN/CF

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SENDER: COMPLETE THIS SECTION

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PLATINUM EMPIRE GROUP, INC. DBA
PLATINUM HEALTHCARE STAFFING
Attn.: Arun Mahtani, Registered Agent
850 E. Ocean Blvd., Unit 1204
Long Beach, CA 90802



7022 3330 0002 1393 7186

2. Article Number (transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

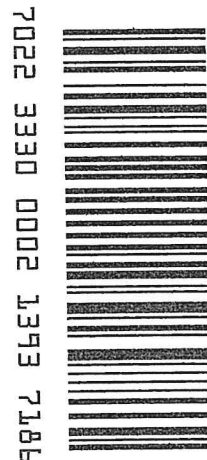
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

EBRAHIMIAN, LLP
Olympic Blvd., Suite 200
Irvine Hills, CA 90211

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No																	
1. Article Addressed to: PLATINUM EMPIRE GROUP, INC. DBA PLATINUM HEALTHCARE STAFFING Attn.: Arun Mahtani, Registered Agent 850 E. Ocean Blvd., Unit 1204 Long Beach, CA 90802		3. Service Type <table border="0"><tr><td>☐ Adult Signature</td><td>☐ Priority Mail Express®</td></tr><tr><td>☐ Adult Signature Restricted Delivery</td><td>☐ Registered Mail™</td></tr><tr><td>☒ Certified Mail®</td><td>☐ Registered Mail Restricted Delivery</td></tr><tr><td>☐ Certified Mail Restricted Delivery</td><td>☒ Signature Confirmation™</td></tr><tr><td>☐ Collect on Delivery</td><td>☐ Signature Confirmation Restricted Delivery</td></tr><tr><td>☐ Collect on Delivery Restricted Delivery</td><td></td></tr><tr><td>☐ Insured Mail</td><td></td></tr><tr><td>☐ Insured Mail Restricted Delivery (over \$500)</td><td></td></tr></table>		☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☒ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☒ Signature Confirmation™	☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery	☐ Collect on Delivery Restricted Delivery		☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express®																		
☐ Adult Signature Restricted Delivery	☐ Registered Mail™																		
☒ Certified Mail®	☐ Registered Mail Restricted Delivery																		
☐ Certified Mail Restricted Delivery	☒ Signature Confirmation™																		
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery																		
☐ Collect on Delivery Restricted Delivery																			
☐ Insured Mail																			
☐ Insured Mail Restricted Delivery (over \$500)																			
2. Article Number (transfer from service label) 7022 3330 0002 1393 7186																			

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

PLATINUM EMPIRE GROUP,
INC. DBA PLATINUM
HEALTHCARE STAFFING
Attn.: Arun Mahtani, Agent for Service
850 E. Ocean Blvd., Unit 1204
Long Beach, CA 90802



FIRST-CLASS

US POSTAGE
PINEY BOWES
ZIP 90211
02 7H
0006127620 JAN 19 2024
\$010.45

7022 3330 0002 1393 7193

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$ _____	
☐ Return Receipt (electronic) \$ _____	
☐ Certified Mail Restricted Delivery \$ _____	
☐ Adult Signature Required \$ _____	
☐ Adult Signature Restricted Delivery \$ _____	
Postage	
PLATINUM EMPIRE GROUP, INC. DBA PLATINUM HEALTHCARE STAFFING Attn.: Legal Department 3521 Lomita Blvd., Ste. 202B Torrance, CA 90505	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: PLATINUM EMPIRE GROUP, INC. DBA PLATINUM HEALTHCARE STAFFING Attn.: Legal Department 3521 Lomita Blvd., Ste. 202B Torrance, CA 90505	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
 7022 3330 0002 1393 7193	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label)	

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9590 9402 7863 2234 1028 48

United States
Postal Service

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LAVI & EBRAHIMIAN, LLP
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Beverly Hills, CA 90211

Wright v. Platinum Empire Group (PAGA); NVE/UG/AV/CF

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Postage & Fees Paid
USPS
Permit No. G-10

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PLATINUM HEALTHCARE STAFFING

Attn.: Legal Department
3521 Lomita Blvd., Ste. 202B
Torrance, CA 90505



7022 3330 0002 1393 7193

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

BRAHIMIAN, LLP
mpic Blvd., Suite 200
Hills, CA 90211

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Torrance, CA 90505



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☐ Addressee

B. Received by (Printed Name)

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D. Is delivery address different from item 1?

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☐ No

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☐ Certified Mail Restricted Delivery

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☐ Registered Mail Restricted Delivery

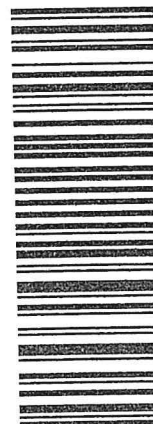
☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

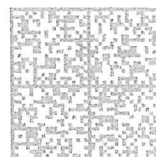
Domestic Return Receipt

VERIFIED MAIL



7022 3330 0002 1393 7193

FIRST-CLASS



ZIP 90211
02 7H
0006127620 JAN 19 2024

\$ 010.45

US POSTAGE
EAGLE
WILLIAM BOWEN

PLATINUM EMPIRE GROUP,
INC. DBA PLATINUM
HEALTHCARE STAFFING
Attn.: Legal Department
3521 Lomita Blvd., Ste. 202B
Torrance, CA 90505

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

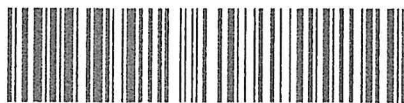
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <table style="width: 100%;"> <tr> <td>☐ Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td>☐ Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td>☐ Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> Postage \$ _____	☐ Return Receipt (hardcopy)	\$ _____	☐ Return Receipt (electronic)	\$ _____	☐ Certified Mail Restricted Delivery	\$ _____	☐ Adult Signature Required	\$ _____	☐ Adult Signature Restricted Delivery	\$ _____	Postmark Here
☐ Return Receipt (hardcopy)	\$ _____										
☐ Return Receipt (electronic)	\$ _____										
☐ Certified Mail Restricted Delivery	\$ _____										
☐ Adult Signature Required	\$ _____										
☐ Adult Signature Restricted Delivery	\$ _____										

HIGH DESERT REGIONAL
 HEALTH CENTER
 Attn.: Legal Department
 335 E. Avenue I
 Lancaster, CA 93535

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: HIGH DESERT REGIONAL HEALTH CENTER Attn.: Legal Department 335 E. Avenue I Lancaster, CA 93535	A. Signature _____ ☐ Agent ☐ Addressee X <table style="width: 100%;"> <tr> <td style="width: 50%;">B. Received by (Printed Name) _____</td> <td style="width: 50%;">C. Date of Delivery _____</td> </tr> </table> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	B. Received by (Printed Name) _____	C. Date of Delivery _____														
B. Received by (Printed Name) _____	C. Date of Delivery _____																
 7022 3330 0002 1393 7216	3. Service Type <table style="width: 100%;"> <tr> <td>☐ Adult Signature</td> <td>☐ Priority Mail Express®</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered Mail™</td> </tr> <tr> <td>☒ Certified Mail®</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☒ Signature Confirmation™</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td>☐ Insured Mail</td> <td></td> </tr> <tr> <td>☐ Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☒ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☒ Signature Confirmation™	☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery	☐ Collect on Delivery Restricted Delivery		☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express®																
☐ Adult Signature Restricted Delivery	☐ Registered Mail™																
☒ Certified Mail®	☐ Registered Mail Restricted Delivery																
☐ Certified Mail Restricted Delivery	☒ Signature Confirmation™																
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery																
☐ Collect on Delivery Restricted Delivery																	
☐ Insured Mail																	
☐ Insured Mail Restricted Delivery (over \$500)																	

USPS TRACKING #



9590 9402 7863 2234 1028 24

United States
Postal Service

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LAVI & EBRAHIMIAN, LLP
8889 W. Olympic Blvd., Suite 200
Beverly Hills, CA 90211

(PAGA) Wright v. Platinum Empire Group; NNE/vq/Aw/CE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SENDER: COMPLETE THIS SECTION

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- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HIGH DESERT REGIONAL
HEALTH CENTER
Attn.: Legal Department
335 E. Avenue I
Lancaster, CA 93535

7022 3330 0002 1393 7216

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
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- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

BRAHMIAN, LLP
mpic Blvd., Suite 200
Hills, CA 90211

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HEALTH CENTER**
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Lancaster, CA 93535



7022 3330 0002 1393 7216

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3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☒ Signature Confirmation™ |
| ☐ Collect on Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Collect on Delivery Restricted Delivery | |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

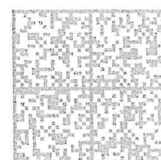
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7022 3330 0002 1393 7216



FIRST-CLASS



US POSTAGE
ZIP 90211
02 7H
0006127620
JAN 19 2024
\$010.45

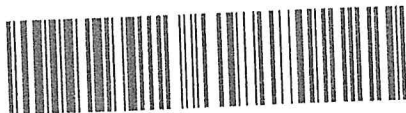
**HIGH DESERT REGIONAL
HEALTH CENTER**
Attn: Legal Department
335 E. Avenue I
Lancaster, CA 93535

7022 3330 0002 1393 7209

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage	
EXECUTIVE OFFICER, BOARD OF SUPERVISORS Attention: Claims 500 West Temple Street, Room 383 Los Angeles, CA 90012	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
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1. Article Addressed to: EXECUTIVE OFFICER, BOARD OF SUPERVISORS Attention: Claims 500 West Temple Street, Room 383 Los Angeles, CA 90012	B. Received by (Printed Name) C. Date of Delivery		
2. Article Number (transfer from service label) 7022 3330 0002 1393 7209	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
	3. Service Type <table border="0"> <tr> <td> ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) </td> <td> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table>	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery		

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8889 W. Olympic Blvd., Suite 200
Beverly Hills, CA 90211

Wright v. Platinum Empire Group; NNE/VG/AW/CF

SENDER: COMPLETE THIS SECTION

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- ☒ Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

EXECUTIVE OFFICER,
BOARD OF SUPERVISORS
Attention: Claims
500 West Temple Street, Room 383
Los Angeles, CA 90012



7022 3330 0002 1393 7209

2. Article Number (transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
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Temple Blvd., Suite 200
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X ☐ Agent ☐ Addressee	
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		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

PS Form 3811, July 2020 PSN 7530-02-000-9053

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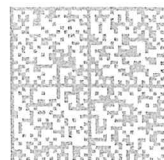
**EXECUTIVE OFFICER,
BOARD OF SUPERVISORS
Attention: Claims
500 West Temple Street, Room 383
Los Angeles, CA 90012**

7022 3330 0002 1393 7209



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JAN 19 2024
\$010.45

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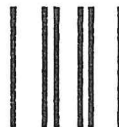
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$ _____	
☐ Return Receipt (electronic) \$ _____	
☐ Certified Mail Restricted Delivery \$ _____	
☐ Adult Signature Required \$ _____	
☐ Adult Signature Restricted Delivery \$ _____	
Postage	

HEALTH SERVICES DEPARTMENT
 c/o Dr. Christina R. Ghaly, Director
 313 N. Figueroa St., Rm. 912
 Los Angeles, CA 90012

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to: HEALTH SERVICES DEPARTMENT c/o Dr. Christina R. Ghaly, Director 313 N. Figueroa St., Rm. 912 Los Angeles, CA 90012	B. Received by (Printed Name) _____ C. Date of Delivery _____
2. Article Number (Transfer from service label) 7022 3330 0002 1393 7247	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

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Weight v. Platinum Empire Group (PAGA); VNE/VG/AW/CF

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1. Article Addressed to:

HEALTH SERVICES DEPARTMENT
c/o Dr. Christina R. Ghaly, Director
313 N. Figueroa St., Rm. 912
Los Angeles, CA 90012



7022 3330 0002 1393 7247

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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- ☐ Signature Confirmation Restricted Delivery

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Hills, CA 90211

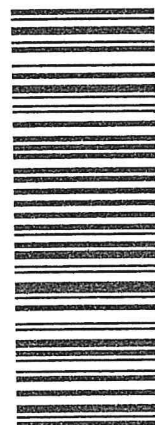
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to: HEALTH SERVICES DEPARTMENT c/o Dr. Christina R. Ghaly, Director 313 N. Figueroa St., Rm. 912 Los Angeles, CA 90012		B. Received by (Printed Name)	C. Date of Delivery
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		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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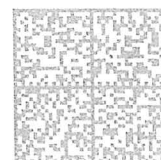
HEALTH SERVICES
DEPARTMENT
c/o Dr. Christina R. Ghaly, Director
313 N. Figueroa St., Rm. 912
Los Angeles, CA 90012

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☐ Return Receipt (electronic) \$ _____	
☐ Certified Mail Restricted Delivery \$ _____	
☐ Adult Signature Required \$ _____	
☐ Adult Signature Restricted Delivery \$ _____	
Postage	
DEPARTMENT OF GENERAL SERVICES City Hall South 111 E. First Street Los Angeles, CA 90012	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to: DEPARTMENT OF GENERAL SERVICES City Hall South 111 E. First Street Los Angeles, CA 90012	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (transfer from service label) 7022 3330 0002 1393 7254	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

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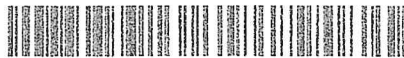
Wright v. Platinum Empire Group (DACA) NNE/VG/AW/CF

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1. Article Addressed to:

DEPARTMENT OF GENERAL SERVICES
City Hall South
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Los Angeles, CA 90012



7022 3330 0002 1393 7254

2. Article Number (transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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- ☐ Registered Mail™
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- ☐ Signature Confirmation Restricted Delivery

BRAHIMIAN, LLP
mpic Blvd., Suite 200
Hills, CA 90211

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DEPARTMENT OF GENERAL SERVICES
City Hall South
111 E. First Street
Los Angeles, CA 90012



7022 3330 0002 1393 7254

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☐ Agent

☐ Addressee

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- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

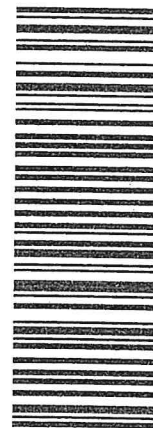
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- ☐ Registered Mail™
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- ☒ Signature Confirmation™
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PS Form 3811, July 2020 PSN 7530-02-000-9053

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☐ Certified Mail Restricted Delivery \$
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☐ Adult Signature Restricted Delivery \$

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**DEPARTMENT OF HEALTH
 SERVICES ADMINISTRATION**

**313 N. Figueroa St.
 Los Angeles, CA 90012**

PS Form 3800, April 2015 PSN 7530-02-000-9047

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1. Article Addressed to:

**DEPARTMENT OF HEALTH
 SERVICES ADMINISTRATION
 313 N. Figueroa St.
 Los Angeles, CA 90012**



7022 3330 0002 1393 7223

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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☐ Agent

☐ Addressee

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Beverly Hills, CA 90211

Wright v. Platinum Empire (group (PAGA); NNE/UC/AW/CF

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SERVICES ADMINISTRATION
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Los Angeles, CA 90012



7022 3330 0002 1393 7223

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& EBRAHIMIAN, LLP
• Olympic Blvd., Suite 200
Verly Hills, CA 90211

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**DEPARTMENT OF HEALTH
SERVICES ADMINISTRATION**

**313 N. Figueroa St.
Los Angeles, CA 90012**



7022 3330 0002 1393 7223

2. Article Number (Transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-9053

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- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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If YES, enter delivery address below: ☐ No

3. Service Type

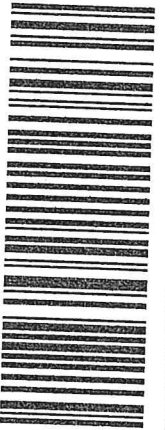
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- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

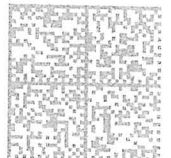
**DEPARTMENT OF HEALTH
SERVICES ADMINISTRATION**

**313 N. Figueroa St.
Los Angeles, CA 90012**

7022 3330 0002 1393 7223



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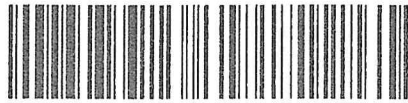
US POSTAGE
ZIP 90211
02 74
0006127620
JAN 19 2024
\$010.45

7022 3330 0002 1393 7230

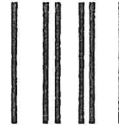
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☐ Return Receipt (hardcopy) \$	
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☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage	
DEPARTMENT OF GENERAL SERVICES 707 Third Street West Sacramento, CA 95605	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: DEPARTMENT OF GENERAL SERVICES 707 Third Street West Sacramento, CA 95605	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (transfer from service label) 7022 3330 0002 1393 7230	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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8889 W. Olympic Blvd., Suite 200
Beverly Hills, CA 90211

Wright v. Platinum Empire Group (PAGA) - NNE/vg/Aw/CF

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1. Article Addressed to:

DEPARTMENT OF GENERAL
SERVICES
707 Third Street
West Sacramento, CA 95605



7022 3330 0002 1393 7230

2. Article Number (transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☒ Signature Confirmation™ |
| ☐ Collect on Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Collect on Delivery Restricted Delivery | |
| ☐ Insured Mail | |
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ympic Blvd., Suite 200
y Hills, CA 90211

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**DEPARTMENT OF GENERAL
SERVICES**

707 Third Street

West Sacramento, CA 95605



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A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery
(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted
Delivery

☒ Signature Confirmation™

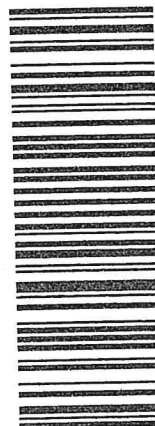
☐ Signature Confirmation
Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

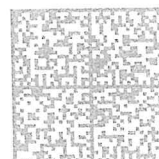
**DEPARTMENT OF
GENERAL SERVICES
707 Third Street
West Sacramento, CA 95605**

CERTIFIED MAIL®



7022 3330 0002 1393 7230

FIRST-CLASS



US POSTAGE
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