



1875 Century Park East, Suite 1000
Los Angeles, California 90067
310.556.4811 Main | 310.943.0396 Fax

ALEXANDER LIMA
310.712.8154 Direct
Alexander.Lima@capstonelawyers.com

August 27, 2024

VIA ONLINE SUBMISSION

California Labor & Workforce Development Agency
ATTN: PAGA Administrator
(<https://dir.govfa.net/310>)

Subject: *Ruben Avalos Silva v. South County Packing, Inc., et al.*
LWDA Case No. LWDA-CM-1047625-24 - AMENDED NOTICE

Dear PAGA Administrator:

This office represents Ruben Avalos Silva in connection with his claims under the California Labor Code. Mr. Avalos Silva was an employee of SOUTH COUNTY PACKING, INC.; RAVA RANCHES, INC.; FRESH FARMS, INC.; and/or FRESH FOODS, INC. For the purpose of this letter, Mr. Avalos Silva collectively refers to these entities as "RAVA." We previously provided notice of Mr. Avalos Silva's claims to the California Labor and Workforce Development Agency ("LWDA") on August 26, 2024, and submitted the applicable filing fee pursuant to Labor Code section 2699.3(a)(1)(B). This amended notice supplements Mr. Avalos Silva's prior LWDA notice and adds an additional claim.

The employers may be contacted directly at the addresses below:

SOUTH COUNTY PACKING, INC.
700 AIRPORT DR
KING CITY, CA 93930

SOUTH COUNTY PACKING, INC.
PO BOX 1600
KING CITY, CA 93930

RAVA RANCHES, INC.
700 AIRPORT DR
KING CITY, CA 93930

RAVA RANCHES, INC.
PO BOX 1600
KING CITY, CA 93930

FRESH FARMS, INC.
700 AIRPORT DR
KING CITY, CA 93930

FRESH FOODS, INC.
700 AIRPORT DR
KING CITY, CA 93930

FRESH FOODS, INC.
P.O. BOX 1600
KING CITY, CA 93930

Mr. Avalos Silva intends to seek civil penalties, attorneys' fees, costs, and other available relief for violations of the California Labor Code, which are recoverable under sections 2698, *et seq.*, the Labor Code Private Attorneys General Act of 2004 ("PAGA"). Mr. Avalos Silva seeks relief on behalf of himself, the State of California, and other persons who are or were employed by RAVA as a non-exempt, hourly paid employee in California and who received at least one wage statement ("aggrieved employees"). This letter is sent in compliance with the notice and reporting requirements of California Labor Code section 2699.3.

RAVA employed Mr. Avalos Silva as an hourly paid, non-exempt employee from approximately January 2009 to September 2023. Mr. Avalos Silva worked for RAVA as a Pest Control employee, assigned to work at RAVA's Bella Vista Ranch location in or around King City, California, and on occasion, reported to work at RAVA's corporate headquarters located at 700 Airport Road, King City, California 93930. During his employment, Mr. Avalos Silva typically worked ten (10) or more hours per day and six (6) days per week. By the end of his employment, Mr. Avalos Silva was compensated approximately \$18.50 per hour. His job duties included, without limitation, responding to changes in pest activity by adding traps in heavily infested areas; monitoring, cleaning, and maintaining bait in mouse and small animal traps; disposing of animal corpses found in the farming area; and reporting and documenting traces of animals or pests in the farming area.

RAVA committed each of the following Labor Code violations against Mr. Avalos Silva, the facts and theories of which follow, making him an "aggrieved employee" pursuant to California Labor Code section 2699(c)(1):¹

Violation of California Labor Code §§ 6401 and 6403 – Failure to Provide Safety Devices and Safeguards

California Labor Code section 6401 provides that employers must furnish and use safety devices and safeguards, and adopt and use practices, means, methods, operations, and processes which are reasonably adequate to render the employment and place of employment safe and healthy. California Labor Code Section 6401 further provides that an employer must do everything reasonably necessary to protect the life, safety and health of its employees. California Labor Code section 6403(a) requires that employers provide and use safety devices and safeguards reasonably adequate to render the employment and place of employment safe.

During the relevant period, RAVA failed to provide Mr. Avalos Silva and other aggrieved employees with personal protective equipment to keep them safe in the workplace. For example, RAVA sometimes failed to provide Mr. Avalos Silva and other aggrieved employees with protective eyewear and protective gloves, which they had to wear while completing their assigned pest control duties. Because RAVA did not always provide its employees with protective eyewear and protective

¹ These facts, theories, and claims are based on Mr. Avalos Silva's experience and counsel's review of those records currently available relating to Mr. Avalos Silva's employment. Discovery conducted in litigation of wage and hour claims such as these often reveals additional claims that the aggrieved employee was not initially aware of (because the aggrieved employee was not aware of the law's requirements, the employer misinformed its employee of the law's requirements, or because the employer effectively hid the violations). Thus, Mr. Avalos Silva reserves the right to supplement this letter with additional facts, theories, and claims if he becomes aware of them subsequent to the submission of this letter.

gloves, about once per month, Mr. Avalos Silva and other aggrieved employees were forced to purchase and split the costs of boxes of protective eyewear and protective gloves. Thus, RAVA failed to provide such reasonably necessary equipment to Mr. Avalos Silva and other aggrieved employees to keep them safe.

RAVA's failure to provide Mr. Avalos Silva and other aggrieved employees with safety devices and safeguards for the workplace violates Labor Code sections 6401 and 6403. Mr. Avalos Silva and other aggrieved employees are entitled to recover civil penalties, attorney's fees, costs, and interest thereon, and seek injunctive relief to bring RAVA into compliance with Labor Code sections 6401 and 6403, pursuant to Labor Code sections 2699(a), (f), and (k).

Accordingly, pursuant to PAGA, and in particular California Labor Code sections 1194.5, 2699(a), 2699(k), 2699.3(a)-(c), and 2699.5, Mr. Avalos Silva, acting in the public interest as a private attorney general, seeks assessment and collection of civil penalties and injunctive relief for himself, all other aggrieved employees, and the State of California against RAVA for violations of California Labor Code sections 6401 and 6403.

Thank you for your attention to this matter. If you have any questions, please contact me at the phone number or address below:

Alexander Lima
Capstone Law APC
1875 Century Park East, Suite 1000
Los Angeles, CA 90067
(310) 556-4811

Best Regards,

A handwritten signature in black ink, appearing to read 'Alexander Lima', with a long horizontal flourish extending to the right.

Alexander Lima

Copy: SOUTH COUNTY PACKING, INC. (via U.S. Certified Mail); RAVA RANCHES, INC. (via U.S. Certified Mail); FRESH FARMS, INC. (via U.S. Certified Mail); FRESH FOODS, INC. (via U.S. Certified Mail)

Capstone Law, APC
1875 Century Park, East, 1000
Los Angeles, CA. 90067

CERTIFIED MAIL



7022 2410 0000 2265 0090

U.S. Postal ServiceTM
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) \$
Postmark

AVALOS SILVA
V.S. (Amended)

SOUTH COUNTY
PACKING, INC.
700 AIRPORT DR
KING CITY, CA 93930

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

SOUTH COUNTY
PACKING, INC.
700 AIRPORT DR
KING CITY, CA 93930

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.

SOUTH COUNTY
PACKING, INC.
700 AIRPORT DR
KING CITY, CA 93930



2. Address of the addressee (print name and address)

7022 2410 0000 2265 0090

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ all Restricted Delivery
☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Capstone Law, APC
1875 Century Park, East, 1000
Los Angeles, CA. 90067



7022 2410 0000 2265 0083

SOUTH COUNTY
PACKING, INC.
PO BOX 1600
KING CITY, CA 93930

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.



2. 7022 2410 0000 2265 0083

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

SOUTH COUNTY
PACKING, INC.
PO BOX 1600
KING CITY, CA 93930

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

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

- Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Restricted Delivery

Domestic Return Receipt

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) \$

Postmark
Date

SOUTH COUNTY
PACKING, INC.
PO BOX 1600
KING CITY, CA 93930

PS Form 3800, April 2012 PSN 7530-02-000-9053

Capstone Law, APC
1875 Century Park, East, 1000
Los Angeles, CA. 90067



7022 2410 0000 2265 0076

RAVA RANCHES, INC.
700 AIRPORT DR
KING CITY, CA 93930

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,

RAVA RANCHES, INC.
700 AIRPORT DR
KING CITY, CA 93930



2. A-9590-0440 07708701 22/150489

7022 2410 0000 2265 0076

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐
- B. Received by (Printed Name) ☐ Addressee ☐
- C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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) \$
Postmark

AVAILOS SILVIA
V.I.S. C. LAMARCA

RAVA RANCHES, INC.
700 AIRPORT DR
KING CITY, CA 93930

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

9200 5922 0000 0742 2202

CERTIFIED MAIL



7022 2410 0000 2265 0006

RAVA RANCHES, INC.
PO BOX 1600
KING CITY, CA 93930

RAVA RANCHES, INC.
PO BOX 1600
KING CITY, CA 93930

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.

A vertical ruler with markings from 0 to 10 centimeters. The markings are in millimeters, with numbers every centimeter. The ruler is placed vertically on the right side of the page.

2. Article 90 of the French Civil Code

7022 2470 0000 2265 0069

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☒ Addressee

B. Received by (Printed Name)	C. Date of Delivery
-------------------------------	---------------------

5. Is delivery address different from item 1?
If YES, enter delivery address below:

Service Type

Service type
Adult Signature

Adult Signature Restricted Delivery

Certified Mail®
Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery
Insured Mail

Mail Restricted Delivery

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

☐ Signature Confirmation
Restricted Delivery

Domestic Return Receipt

Capstone Law, APC
1875 Century Park, East, 1000
Los Angeles, CA. 90067

CERTIFIED MAIL



7022 2410 0000 2265 0052

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) \$

FRESH FARMS, INC.
700 AIRPORT DR
KING CITY, CA 93930

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

FRESH FARMS, INC.
700 AIRPORT DR
KING CITY, CA 93930

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.

FRESH FARMS, INC.
700 AIRPORT DR
KING CITY, CA 93930



2. 7022 2410 0000 2265 0052

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery

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

- Service Type
- ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery
 - ☐ Priority Mail Express®

(over \$500)

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

Domestic Return Receipt

Capstone Law, APC
1875 Century Park, East, 1000
Los Angeles, CA. 90067



7022 2410 0000 2265 0045

FRESH FOODS, INC.
700 AIRPORT DR
KING CITY, CA 93930

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

FRESH FOODS, INC.
700 AIRPORT DR
KING CITY, CA 93930



2. Address of the addressee

7022 2410 0000 2265 0045

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is the delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

Domestic Return Receipt

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)

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Priority Mail Express®

☐ Priority Mail Express Restricted Delivery

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Priority Mail Express®

☐ Priority Mail Express Restricted Delivery

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Priority Mail Express®

☐ Priority Mail Express Restricted Delivery

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Priority Mail Express®

☐ Priority Mail Express Restricted Delivery

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Priority Mail Express®

☐ Priority Mail Express Restricted Delivery

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation

7022 2410 0000 2265 0045

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

CERTIFIED MAIL



8E00 5922 0000 0T42 2202

FRESH FOODS, INC.
P.O. BOX 1600
KING CITY, CA 93930

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.

FRESH FOODS, INC.
P.O. BOX 1600
KING CITY, CA 93930



2. Antioke Numbler 97402-7706 from service b3

2722 2470 0000 2265 0038

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☒ X

B. Received by (Printed Name)	C. Date of Delivery
-------------------------------	---------------------

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

Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

**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) \$ -

Postmark

FRESH FOODS, INC.
P.O. BOX 1600
KING CITY, CA 93930

PS Form 3-810, April 2015 PSN 7520-02-000-9047 See reverse for instructions