| АТ  | TORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FOR COURT USE ONLY                                                                                                                                                                                                      |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |
|     | TELEPHONE NO.: FAX NO. (Optional):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                         |
| E-N | MAIL ADDRESS (Optional):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                         |
|     | ATTORNEY FOR (Name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                         |
| รเ  | JPERIOR COURT OF CALIFORNIA, COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                         |
|     | TREET ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                         |
|     | AILING ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |
| CII | Y AND ZIP CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |
|     | BRANCH NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                         |
|     | PLAINTIFF/ PETITIONER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                         |
| D   | EFENDANT/ RESPONDENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                         |
|     | DEPOSITION SUBPOENA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CASE NUMBER:                                                                                                                                                                                                            |
| F   | OR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ONCE NOMBER.                                                                                                                                                                                                            |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |
| TH  | וE PEOPLE OF THE STATE OF CALIFORNIA, TO (name, address, and telephone חו                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ımber of deponent, if known):                                                                                                                                                                                           |
|     | VOLUME OF SECTION OF A PROPERTY OF A PROPERT |                                                                                                                                                                                                                         |
| 1.  | YOU ARE ORDERED TO APPEAR IN PERSON TO TESTIFY AS A WITNESS in this place:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | action at the following date, time, and                                                                                                                                                                                 |
|     | Date: Time: Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                         |
|     | a. As a deponent who is not a natural person, you are ordered to designate one to the matters described in item 4. (Code Civ. Proc., § 2025.230.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or more persons to testify on your behalf as                                                                                                                                                                            |
|     | b. You are ordered to produce the documents and things described in item 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | visual display of testimony                                                                                                                                                                                             |
|     | d. This videotape deposition is intended for possible use at trial under Code of C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ivil Procedure section 2025 620(d)                                                                                                                                                                                      |
| 2.  | The personal attendance of the custodian or other qualified witness and the production                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                         |
|     | subpoena. The procedure authorized by Evidence Code sections 1560(b), 1561, and 15 with this subpoena.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                         |
| 3.  | The documents and things to be produced and any testing or sampling being sought ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e described as follows:                                                                                                                                                                                                 |
|     | Continued on Attachment 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| 4.  | If the witness is a representative of a business or other entity, the matters upon which the as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ne witness is to be examined are described                                                                                                                                                                              |
|     | Continued on Attachment 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| 5.  | IF YOU HAVE BEEN SERVED WITH THIS SUBPOENA AS A CUSTODIAN OF CONSUMER OF CODE OF CIVIL PROCEDURE SECTION 1985.3 OR 1985.6 AND A MOTION TO QUASH OR A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N OBJECTION HAS BEEN                                                                                                                                                                                                    |
|     | SERVED ON YOU, A COURT ORDER OR AGREEMENT OF THE PARTIES, WITNESSES, AND AFFECTED MUST BE OBTAINED BEFORE YOU ARE REQUIRED TO PRODUCE CONSUMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                         |
| 6.  | At the deposition, you will be asked questions under oath. Questions and answers are recorded sten transcribed for possible use at trial. You may read the written record and change any incorrect answe to receive witness fees and mileage actually traveled both ways. The money must be paid, at the opinieither with service of this subpoena or at the time of the deposition. Unless the court orders or you are individual, the deposition must take place within 75 miles of your residence or within 150 miles of you county of the court where the action is pending. The location of the deposition for all deponents is go 2025,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ers before you sign the deposition. You are entitled<br>tion of the party giving notice of the deposition,<br>gree otherwise, if you are being deposed as an<br>ur residence if the deposition will be taken within the |
|     | DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THE<br>FOR THE SUM OF \$500 AND ALL DAMAGES RESULTING FROM YO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|     | L C. T. I. C. C. C. WOOD THE THE EMILIAGE RESOLUTION IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                         |
| Da  | ate issued:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                         |
|     | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (SIGNATURE OF PERSON ISSUING SUBPOENA)                                                                                                                                                                                  |
| _   | (TVPE OR PRINT NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (TITLE)                                                                                                                                                                                                                 |
|     | (TYPE OR PRINT NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11122)                                                                                                                                                                                                                 |

(Proof of service on reverse)

Page 1 of 2

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| PLAINTIFF/PETITIONER: | CASE NUMBER: |
|-----------------------|--------------|
| DEFENDANT/RESPONDENT: |              |

| PROOF OF SERVICE OF DEPOSITION SUBPOENA FOR PERSONAL APPEARANCE AND PRODUCTION OF DOCUMENTS AND THINGS |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |  |  |  |  |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1.                                                                                                     | 1. I served this <i>Deposition Subpoena for Personal Appearance and Production of Documents and Things</i> by copy to the person served as follows:                                                                                                                                                          | served this Deposition Subpoena for Personal Appearance and Production of Documents and Things by personally delivering a ppy to the person served as follows: |  |  |  |  |
|                                                                                                        | a. Person served (name):                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | b. Address where served:                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | c. Date of delivery: d. Time of delivery: e. Witness fees and mileage both ways (check one): (1) were paid. Amount:\$ (2) were not paid. (3) were tendered to the witness's public entity employer as required by Government Code section 68097.2. The amount tendered was (specify):\$  f. Fee for service: |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | b. California sheriff or marshal                                                                                                                                                                                                                                                                             |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | c. Registered California process server.                                                                                                                                                                                                                                                                     |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | d. Employee or independent contractor of a registered California process server                                                                                                                                                                                                                              |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | e. Exempt from registration under Business and Professions Code section 22350(b)                                                                                                                                                                                                                             |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | f. Registered professional photocopier                                                                                                                                                                                                                                                                       |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | g. Exempt from registration under Business and Professions Code section 22451                                                                                                                                                                                                                                |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | h. Name, address, telephone number, and, if applicable, county of registration and number:                                                                                                                                                                                                                   |                                                                                                                                                                |  |  |  |  |
|                                                                                                        |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |  |  |  |  |
| Ca                                                                                                     | I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date:  (For California sheriff or marshall certify that the foregoing is true and correct.)  Date:                                                                                     |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | <u> </u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |  |  |  |  |
|                                                                                                        | (SIGNATURE) (SIGNATURE                                                                                                                                                                                                                                                                                       | :)                                                                                                                                                             |  |  |  |  |

SUBP-020 [Rev. January 1, 2009]