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September 28, 2011

* Please See Attached Proof Of Service For List Of Addressee(s) *

**RE: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO
& VECTOR CONTROL**

WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4) ADJ7976768
CLAIM NO.: VE0700184
OUR FILE NO.: 300141-040
DATE OF LOSS: 1) 6/19/08 2) 7/2/09 3) 3/26/09; 4) 6/29/11

Dear Gentlepersons:

Pursuant to the Rules of the Division of Workers' Compensation, enclosed please find the following for your file:

1. Report of Gary Murata, M.D. dated September 22, 2011

Copies of these documents are being served on the parties listed in the attached Proof of Service at this time.

Very truly yours,

STOCKWELL, HARRIS, WOOLVERTON & MUEHL
A Professional Corporation

ERIC G. HELPHREY
EGH:ks

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PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

I am in the County of Sacramento, State of California. I am over the age of 18 years and not a party to the within action. My business address is 1545 River Park Drive, Suite 330, Sacramento, California 95815-4616.

I served the foregoing document described as: **Report of Gary Murata, M.D. dated September 22, 2011** on all interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at Sacramento, California, addressed as follows:

Ms. Tiffany Anderson
2 N. Avena Ave
Lodi, CA 95240

Ms. Mackenzie Dawson
AIMS Insurance (Sacramento)
Post Office Box 269120
Sacramento, California 95826-9120

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on September 28, 2011, at Sacramento, California.

By: Kathi Stokes
Kathi Stokes