

Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO

EAMS Administrator Name: KALIE WIKEL

EAMS Administrator's Phone: (916) 924-1862

EAMS Administrator's Email: Kalie_Wikel@shww.com

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

WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4)
ADJ7976768; 5) ADJ9066508
CLAIM NO.: VE0700184
OUR FILE NO.: 300141-040

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.

On September 23, 2015, I served the foregoing document described as:
DECLARATION OF READINESS TO PROCEED 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:

Workers' Compensation Appeals Board (Stockton)
31 E. Channel Street, Room 344
Stockton, CA 95202
E-File

ARS Legal (Whittier)
13925 Whittier Boulevard
Whittier, CA 90605

Ms. Nancy Urton
AIMS Insurance (Sacramento)
P.O. Box 269120
Sacramento, CA 95826-9120

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

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

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Executed on September 23, 2015, at Sacramento, California.

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By: Heidi Valentine
Heidi Valentine

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