

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 310,719 NAME: Shannon Liss-Riordan & Anne Kramer SBN315131 FIRM NAME: Lichten and Liss-Riordan STREET ADDRESS: 729 Boylston St. Suite 2000 CITY: Boston STATE: MA ZIP CODE: 02116 TELEPHONE NO.: 617-994-5800 FAX NO.: 617-994-5801 E-MAIL ADDRESS: sliss@llrlaw.com, mjcedeno@llrlaw.com ATTORNEY FOR (name): Plaintiff	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk Courthouse	CASE NUMBER: 19stcv43062
PLAINTIFF/PETITIONER: Robina Contreras DEFENDANT/RESPONDENT: Zum Services, Inc.	JUDICIAL OFFICER: Lawrence Riff
PROOF OF ELECTRONIC SERVICE	DEPARTMENT: 51

1. I am at least 18 years old.
  - a. My residence or business address is (specify):  
Lichten and Liss-Riordan, P.C. 729 Boylston St. Suite 2000 Boston, MA 02116
  - b. My electronic service address is (specify):  
mjcedeno@llrlaw.com
2. I electronically served the following documents (exact titles): MOTION FOR ATTORNEYS' FEES, DECLARATION OF SHANNON LISS-RIORDAN, DECLARATION OF ETS-HOKIN AND DECLARATION OF CONTRERAS

The documents served are listed in an attachment. (Form POS-050(D)/EFS-050(D) may be used for this purpose.)

3. I electronically served the documents listed in 2 as follows:
  - a. Name of person served: K. Kayvan Iradjpanah; Ashley J. Brick  
On behalf of (name or names of parties represented, if person served is an attorney):  
Zum Services, Inc.
  - b. Electronic service address of person served :  
Klradjpanah@littler.com; abrick@littler.com
  - c. On (date): February 21, 2022

The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. (Form POS-050(P)/EFS-050(P) may be used for this purpose.)

Date: 02/21/2022

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Maria Cedeno  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME OF DECLARANT)

  
 \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)