

FILED BY FAX

ALAMEDA COUNTY

June 17, 2014

CLERK OF
THE SUPERIOR COURT
By Burt Moskaira, Deputy

CASE NUMBER:

HG14720131 MC-050

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Amy Sommer Anderson SBN 282634 AROPLEX LAW 156 2nd Street San Francisco CA 94105 TELEPHONE NO.: 415-529-5148 FAX NO. (Optional): 415-870-5016 E-MAIL ADDRESS (Optional): anderson@aroplex.com ATTORNEY FOR (Name): Plaintiff, PACIFICA DIRECTORS FOR GOOD GOVERNANCE	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 1221 OAK STREET MAILING ADDRESS: OAKLAND CA 94606 CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME: PACIFICA DIRECTORS FOR GOOD GOVERNANCE v. PACIFICA RADIO FOUNDATION, ET AL.	
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)	CASE NUMBER: HG 14720131

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): Pacifica Directors for Good Governance makes the following substitution:

1. Former legal representative Party represented self Attorney (name): Amy Sommer Anderson
2. New legal representative Party is representing self* Attorney
- a. Name: Richard Uzzell* b. State Bar No. (if applicable):
- c. Address (number, street, city, ZIP, and law firm name, if applicable):
 1950 Heights Blvd. #1009 *Plaintiff member contact
 Houston, Texas 77008 until new counsel is retained
- d. Telephone No. (include area code): (281) 989 - 1349
3. The party making this substitution is a plaintiff defendant petitioner respondent other (specify):
 A member of the plaintiff organization

***NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

<ul style="list-style-type: none"> • Guardian • Conservator • Trustee 	<ul style="list-style-type: none"> • Personal Representative • Probate fiduciary • Corporation 	<ul style="list-style-type: none"> • Guardian ad litem • Unincorporated association
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If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.


NOTICE TO PARTIES WITHOUT ATTORNEYS
 A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.

Date: June 16, 2014

Richard Uzzell

(TYPE OR PRINT NAME)

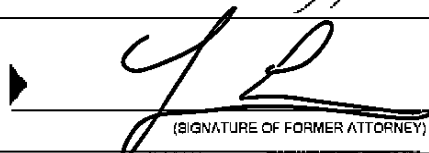

 (SIGNATURE OF PARTY)

5. I consent to this substitution.

Date: 06/13/2014

Amy Sommer Anderson

(TYPE OR PRINT NAME)


 (SIGNATURE OF FORMER ATTORNEY)

6. I consent to this substitution.

Date:

(TYPE OR PRINT NAME)

 (SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

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FAX

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MC-050

CASE NAME: PACIFICA DIRECTORS FOR GOOD GOVERNANCE
v. PACIFICA RADIO FOUNDATION, ET AL.

CASE NUMBER:
HG 14720131

PROOF OF SERVICE BY MAIL
Substitution of Attorney—Civil

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

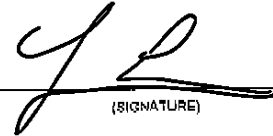
1. I am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*): 156 2nd Street, San Francisco CA 94105
2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of mailing: 6/17/2014 (2) Place of mailing (*city and state*): San Francisco, CA
3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 6/17/2014

Amy Sommer Anderson

(TYPE OR PRINT NAME)



(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4. a. Name of person served: Summer Reese

b. Address (*number, street, city, and ZIP*): 449 43rd Street
Richmond, CA 94805
- c. Name of person served: Dan Siegel

d. Address (*number, street, city, and ZIP*): Siegel & Yee
499 14th Street, Suite 300
Oakland, CA 94612
- e. Name of person served: Richard Uzzell

f. Address (*number, street, city, and ZIP*): 1950 Heights Blvd. #1009
Houston, TX 77008
- g. Name of person served:
- h. Address (*number, street, city, and ZIP*):
- i. Name of person served:
- j. Address (*number, street, city, and ZIP*):

List of names and addresses continued in attachment.