

COMMISSION ON STATE MANDATES

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DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Placer and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On November 2, 2011, I served the statement of decision for:

Tuberculosis Control, 03-TC-14

Health and Safety Code Sections 121361, 121362, 121363, 121364, 121365, 121366, 121367, 121368, and 121369, as added or amended by Statutes 1993, Chapter 676;

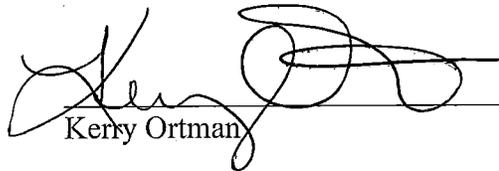
Statutes 1994, Chapter 685; Statutes 1997, Chapters 116 and 294; and

Statutes 2002, Chapter 763

County of Santa Clara, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on November 2, 2011 at Sacramento, California.



Kerry Ortman