

ATTORNEY (Name, State Bar number, and address): Timothy T. Trujillo, Esq. / SBN 198894 Dambacher, Trujillo & Associates 32 N. Washington Street Sonora, California 95370 TELEPHONE NO.: (209) 533-1883      FAX NO.: (209) 533-3844 E-MAIL ADDRESS: ATTORNEY FOR (Name): Defendant Odd Fellows Sierra Recreation Association	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tuolumne STREET ADDRESS: 41 West Yaney Avenue MAILING ADDRESS: 41 West Yaney Avenue CITY AND ZIP CODE: Sonora, California 95370 BRANCH NAME:	
PLAINTIFF/PETITIONER: Charles P. Varvayanis  DEFENDANT/RESPONDENT: Delwyn Wallis, et al.  OTHER:	CASE NUMBER:  SC-19352
NOTICE OF LIMITED SCOPE REPRESENTATION <input type="checkbox"/> Amended	JUDGE: Commissioner Pimentel DEPT.: 5

[Note: This form is for use in civil cases other than family law. For family law cases, use form FL-950.]

1. Attorney (name): Timothy T. Trujillo  
 and party (name): Odd Fellows Sierra Recreation Association ("OFSRA")  
 who is the  petitioner/plaintiff  respondent/defendant  other (describe):

have an agreement that the attorney will provide limited scope representation in this case to the party.

2. The attorney will represent the party
- a.  at the hearing on (date):  
 and at any continuance of that hearing  
 until submission of the order after hearing
- b.  at the trial on (date):  
 and at any continuance of that trial  
 until judgment
- c.  other (specify nature and duration of representation):

At the hearing of the defendants' ex parte application for order shortening time to file a motion to strike the complaint (date TBA).

At the hearing of defendant's motion to strike the complaint (date TBA).

3. By signing this form, the party agrees to sign *Substitution of Attorney-Civil* (form MC-050) at the completion of the representation described above.

PLAINTIFF/PETITIONER: Charles P. Varvayanis DEFENDANT/RESPONDENT: Delwyn Wallis, et al. OTHER:	CASE NUMBER: SC-19352
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4. During the limited scope representation, parties and the court must serve papers on both the attorney named above and directly on the party. (Cal. Rules of Court, rule 3.36.) The party's name and address for purpose of service are as follows:

Name: Odd Fellows Sierra Recreation Association ("OFSRA")

Address (for the purpose of service):

Post Office Box 116  
 Mi Wuk Village, CA 95346  
 telephone (209) 586-4065

Telephone:

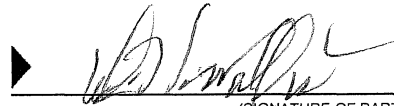
Fax:

This notice accurately states all current matters and issues on which the attorney has agreed to serve as an attorney for the party in this case. The information provided on this form is not intended to state all of the terms and conditions of the agreement between the party and the attorney for limited scope representation.

Date: July 12, 2016

DELWYN WALLIS, President of OFSRA

(TYPE OR PRINT NAME OF PARTY)



(SIGNATURE OF PARTY)

Date: July 12, 2016

TIMOTHY T. TRUJILLO

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PLAINTIFF/PETITIONER: Charles P. Varvayanis DEFENDANT/RESPONDENT: Delwyn Wallis, et al. OTHER:	CASE NUMBER: SC-19352
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**PROOF OF SERVICE BY FIRST-CLASS MAIL**

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):  
32 N. Washington Street  
Sonora, California 95370
  2. I served copies of the *Notice of Limited Scope Representation* (form MC-950) by enclosing each of them in a sealed envelope with first-class postage fully prepaid and (*check one*):
    - a.  deposited the sealed envelopes with the United States Postal Service.
    - b.  placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
  3. Copies of the *Notice of Limited Scope Representation* (form MC-950) were mailed:
    - a. on (*date*): July 12, 2016
    - b. from (*city and state*): Sonora, California
  4. The envelopes were addressed and mailed as follows:
 

<ol style="list-style-type: none"> <li>a. Name of person served: Charles P. Varvayanis Street address: Post Office Box 395 City: Long Barn State and zip code: California 95335-0395</li> </ol>	<ol style="list-style-type: none"> <li>c. Name of person served:  Street address: City: State and zip code:</li> </ol>
<ol style="list-style-type: none"> <li>b. Name of person served:  Street address: City: State and zip code:</li> </ol>	<ol style="list-style-type: none"> <li>d. Name of person served:  Street address: City: State and zip code:</li> </ol>
- Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

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

Date: July 12, 2016

TRICIA LENOX

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)