

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Robert A. Goodin, SBN 061302 Anne Hayes Hartman, SBN 184556 Goodin MacBride Squeri Ritchie & Day, LLP 505 Sansome Street, Suite 900 San Francisco, California 94111 TELEPHONE NO.: (415) 392-7900 FAX NO. (Optional): (415) 398-4321 E-MAIL ADDRESS (Optional):	FOR COURT USE ONLY
ATTORNEY FOR (Name): <u>Pasadera Country Club, LLC</u> SUPERIOR COURT OF CALIFORNIA, COUNTY OF Monterey STREET ADDRESS: 1200 Aguajito Road MAILING ADDRESS: Monterey, California 93940 CITY AND ZIP CODE: BRANCH NAME: <u>Unlimited Division</u>	
CASE NAME: CALIFORNIA AMERICAN WATER V. CITY OF SEASIDE, et al	
<b>SUBSTITUTION OF ATTORNEY—CIVIL</b> (Without Court Order)	CASE NUMBER: M66343

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): Pasadera Country Club, LLC makes the following substitution:


1. Former legal representative  Party represented self  Attorney (name): Goodin, MacBride, et al.
2. New legal representative  Party is representing self\*  Attorney Lombardo & Gilles, LLP
  - a. Name: Anthony Lombardo
  - b. State Bar No. (if applicable): 104650
  - c. Address (number, street, city, ZIP, and law firm name, if applicable): 318 Cayuga Street Salinas, CA 93901
  - d. Telephone No. (include area code): (831) 754-2444
3. The party making this substitution is a  plaintiff  defendant  petitioner  respondent  other (specify):

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

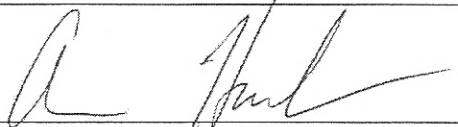
- Guardian
- Personal Representative
- Guardian ad litem
- Conservator
- Probate fiduciary
- Unincorporated association
- Trustee
- Corporation

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.

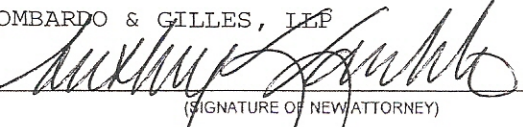
**NOTICE TO PARTIES WITHOUT ATTORNEYS**  
 A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.  
 Date: October 21, 2010  
BRYAN LUU  
 (TYPE OR PRINT NAME)   
(SIGNATURE OF PARTY)

---

5.  I consent to this substitution.  
 Date: October 20, 2010  
Anne Hayes Hartman  
 (TYPE OR PRINT NAME)   
(SIGNATURE OF FORMER ATTORNEY)

---

6.  I consent to this substitution.  
 Date: October 21, 2010  
ANTHONY L. LOMBARDO  
 (TYPE OR PRINT NAME) LOMBARDO & GILLES, LLP  
  
 (SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

PROOF OF SERVICE

SERVICE LIST

1  
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Judge Roger D. Randall  
907 Mesa Street  
Morro Bay CA 93442

JUDGE'S COPY

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CASE NAME: CALIFORNIA AMERICAN WATER V. CITY OF  
SEASIDE, et al

CASE NUMBER:  
M66343

**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): 318 CAYUGA STREET; SALINAS, CA 93901
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: October 25, 2010 (2) Place of mailing (city and state): Salinas, CA

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

Date: October 25, 2010

NANCY STAFFORD

(TYPE OR PRINT NAME)

(SIGNATURE)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

4. a. Name of person served: SEE ATTACHED LIST.
- b. Address (number, street, city, and ZIP):
- c. Name of person served:
- d. Address (number, street, city, and ZIP):
- e. Name of person served:
- f. Address (number, street, city, and ZIP):
- 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.



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