

CUSTODIAN AFFIDAVIT

JOB #: 646806-23

Page 1 of 1

Custodian of Records for VALENTIN HERNANDEZ, M.D.,

Records of: ANISA CHANEY

DOB: 09/06/1973

SSN: XXX-XX-6450

I, the undersigned, being the duly authorized Custodian of Records or other qualified witness with the authority to certify the records and I hereby declare:

All records or items provided are a TRUE COPY of the records requested in the SUBPOENA, AUTHORIZATIONS, or NOTICE, and they were prepared by the personnel of the business in the ordinary course of the business at or near the time of the act, condition or event.

All records or items not provided either do not exist or cannot be found with the information provided.

PLEASE COMPLETE THIS SECTION AND SIGN

RECORDS OR ITEMS	PROVIDED?		LOST	DESTROYED	OTHER
	YES	NO			
Medical Records	✓				
Medical Billing	✓				
Others	✓				
Limited Records	✓				
ELECTRONIC RECORDS	✓				

() I am not the custodian of these records. The records may be held by the following facility/custodian.

New Facility/Custodian _____ Phone _____

I declare under penalty of perjury under the laws of this state that the foregoing is true and correct.

X Lucy Castillo
Signature of the Custodian or Qualified Witness

LUCY CASTILLO
Print Name

12/9/21
Date

310-219-0941
Phone Number

You may satisfy the requirements of the Subpoena, Authorization or Notice by eMail, fax, mail or allowing Macro-Pro to copy or pickup records.

eMail: sendrecords@macropro.com (or) Fax: (888) 696-2270 (or) Mail to P.O. Box below
Call us for assistance Phone: (888) 898-3430

AFFIDAVIT OF THE PROFESSIONAL PHOTOCOPIER: (MACRO-PRO USE ONLY)

I declare under penalty of perjury that I am an employee/agent of Macro-Pro, Inc. and that I made true and complete copies of all records delivered to me.

Lucy Castillo 1221-2122
Signature of Professional Photocopier Date Rep Number

Custodian did not sign this Affidavit

Custodian provided the attached Affidavit

macro-pro

P.O. Box 93010, LONG BEACH, CALIFORNIA 90809-3010
PHONE 1(800) 696-2511 FAX 1(888) 696-2270

Location MacroPro (declaration)

0009

PATIENT

8593

Patient name: Chaney, Anisa M.

Street: 3311 W. Bath St #8 Apt #: #8

City: Hawthorne State: CA.

Zip code: 90250 Phone: (310) 644-8341

Sex: F Date of birth: 09-20-73

Social Security Number: 561-39-6450

PATIENT'S JOB/SCHOOL

Name of work/school: Self-employed

Street: Same

City: _____ State: _____

Zip Code: _____ Phone: (____) _____

Type of work you do: Cosmetology

IN CASE OF EMERGENCY CONTACT

Name of person: Joyce LaFlora Relationship: Aunt

Street: 3333 W. Bennett Ave Apt #: _____

City: Compton State: CA.

Zip code: 90220 Phone: (310) 885-3300

Consent To Treatment

For: Anisa Chaney
Name of Patient

- 1. Consent To Treatment. The undersigned consents to health care encompassing routine diagnostic procedures, medical treatment and other health services rendered to the patient By physician and its authorized agents and personnel.
- 2. No Guarantees: It is understood that the practice of medicine and surgery and the rendering of health care is not an exact science and that no guarantees have been made as to the results of treatments, examinations, or the other health care services rendered by the physician.
- 3. Release of Information. The undersigned agrees that, to the extent necessary to determine liability for payment and to obtain reimbursement, the physician may disclose portions of the patient's records, including his/her medical records, to any person or entity which is or may be liable, for all or any portion of the physician's charges. Special permission is needed to release this information where the patient is being treated for alcohol or drug abuse.
- 4. Assignment of Insurance Benefits. The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the physician of any insurance benefits otherwise payable to or on behalf of the undersigned for treatment and health care services rendered by the physician, at a rate not to exceed the physician,s regular charges. It is agreed that payment to the Physician, pursuant to this authorization, by an insurance company shall discharge said insurance company of any obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this agreement pursuant to paragraph 5 below.
- 5. Financial Agreement. If patient is not a member of a health plan at the time of services are rendered, the undersigned agrees, whether he/she signs as agent or patient, that he/she hereby individually obligates himself/herself to pay the account of the physician in accordance with the regular rates and terms of the physician. Should the account be referred to an attorney or collect agency for collection, the undersigned shall pay all attorney's fees and collection expenses. All delinquent accounts shall bear interest at the legal rate.
- 6. Certification. The undersigned certifies that he/she has read the foregoing, received a copy thereof, and its patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute this agreement ant to accept it's terms.

Date and Time of Signing

W.R.
Witness

Signature Anisa Chaney
Patient/Parent/Guardian/Conservator/Other

If signed by other than patient, indicate relationship

Financial Responsibility Agreement by Person Other Than the Patient's Legal Representative: I agree to accept financial responsibility for services rendered and to patient and to accept the terms of the Financial Agreement and Assignment of Insurance Benefits Provision above.

Date and Time of Signing

Anisa Chaney
Financially Responsible Party

Witness
PF# _____

Birthdate _____

COPY OF AUTHORIZATION RECEIVED

California USA DRIVER LICENSE FEDERAL LIMITS APPLY



Anisa Michelle Chaney

DL **A8383623** CLASS C
EXP **09/06/2024** END NONE
LN **CHANEY-STAKELY**
FN **ANISA MICHELLE**
PO BX 1274
GARDENA, CA 90249
DOB **09/06/1973**
RSTR NONE
SEX F HAIR BRN EYES BRN
HGT 5'-02" WGT 130 lb *** ISS
DD 09/11/201960919/DDFD/24 09/11/2019



09061973



POS PLAN

GRP: 141905-020-00004
Issuer (80840) 9140860054 OA Managed Choice POS

ID **W2573 60453**

NAME
01 ANISA M CHANEY
02 TYSON STAKELY

RX BIN# 610502

PCP \$ 25.00
SPC \$ 50.00

Date: 05/07/21

Chart # 8593

HISTORY and PHYSICAL

TELEHEALTH VISIT - CONSENT OBTAINED
REAL TIME SYNCHRONOUS AUDIO AND VIDEO VISIT

Patient: Anisa M Chaney

DOB: 09/06/1973

Allergies: NKA

Chief Complaints: The patient comes in complaining of a purulent greenish cough, with sore throat and headaches and has noted pains and difficulties moving the joints as they are quite stiff.

History of the Present Illness: The patient has an unrelenting cough of green and yellow phlegm which is associated with a painful sore throat and hoarseness over the past week. The patient has been having an increase in the joint pains and it is more difficult to move in the morning than in the afternoons although the medications have not been helping to any significant degree. There is an effusion of the knee with tenderness and warmth.

Review of Systems: EENT: The patient has a persistent cough with expectoration and sore throat but has no history of exposure to allergens or dust or recent surgery to the throat and no history of cancer of the neck. Musculoskeletal: Although the patient is having diffuse joint pains there is no history of proximal muscle weakness or recent injuries or history of lupus or gout.

The Problems and Medications Lists are hereby reviewed and updated today.

Physical Exam:

VS: BP: 98/60 Wt: 125 Ht: 62 BMI: 22.9 NORMAL

These vital signs were obtained, authenticated and documented by: Lourdes Gonzalez, MA.

IMPRESSIONS:

1. Pharyngitis
2. Osteoarthritis

TREATMENT PLAN:

Studies ordered:

1. CBC

Indications and Medical Necessity: A CBC is indicated for patients in which the physician suspects an infection or leukemia or immunosuppression or bacterial or viral infections or an anemia or polycythemia or iron deficiency or folate deficiency or B12 deficiency or an inflammatory process - one of which is present in this patient. If the CBC is not obtained in this patient at this point in time then the patient's medical condition will not be able to be determined and could potentially be injurious to this patient as it is needed to adequately treat the patient's condition.

2. SMA-7

Indications and Medical Necessity: An SMA-7 is indicated for patients in which the physician suspects an abnormality in one or more of the patient's electrolytes, renal function or glucose level - one of which is a concern in this patient. If the SMA-7 is not obtained in this patient at this point in time then the patient's medical condition will not be able to be fully determined and could potentially be injurious to this patient as it is needed to adequately treat the patient's condition.

3. LFTs (Liver function tests)

Indications and Medical Necessity: A liver function test is indicated for patients in which the physician suspects an inflammation of the liver due to toxins such as alcohol or medications or viral or biliary obstructive diseases - which is a concern in this patient. If the liver panel is not obtained in this patient at this point in time then the patient's status of inflammation of the liver will not be able to be detected and injurious agents stopped in time so as to prevent injury to this patient.

4. Urine analysis

Indications and Medical Necessity: A urine analysis is indicated for patients in which the physician suspects an infection of the urinary tract system due to viral or bacterial agents or stones - which is a concern in this patient. If the urine analysis is not obtained in this patient at this point in time then the patient's status of their urinary tract system will not be able to be

determined and treatment may not be able to be adequately administered and adjusted so as to prevent injury to this patient.

5. Cholesterol

Indications and Medical Necessity: A cholesterol is indicated for patients in which the physician suspects an elevated cholesterol level - which is a concern in this patient. If the cholesterol is not obtained in this patient at this point in time then the patient's hypercholesterolemia will not be able to be adequately treated and could potentially be injurious to this patient in the future, as it is needed to adequately treat the patient's condition and adjust the medications.

6. Thyroid

Indications and Medical Necessity: A thyroid panel is indicated for patients who may be hypothyroid or hyperthyroid in which the physician suspects these states - and which is a concern in this patient. If the thyroid panel is not obtained in this patient at this point in time then the patient's status of their thyroid will not be able to be determined and treatment may not be able to be adequately administered in time so as to prevent multi-system injury to this patient.

PATIENT EDUCATION:

Discussed the above diagnoses, medications and their indications and need for resolution of the above problems.

Return to the clinic: as needed.

TIME: From: - To: - = 15 minutes.

The laboratory tests requested went to an outside laboratory not affiliated with our office.

I hereby certify that CPT code = 99213 claimed for this patient on 05/07/2021 was rendered by me, Valentin Hernandez, MD, who is identified on this claim form as the rendering provider.

Valentin Hernandez, MD

Electronically authenticated and signed by Valentin Hernandez, MD on 05/07/21 at 10:42.

Additional comments:

*** OBGYN for PAP:

*** Mammogram Screen.

*** LAB.

Date: 06/09/21

Chart # 8593

HISTORY and PHYSICAL

TELEHEALTH VISIT - CONSENT OBTAINED
REAL TIME SYNCHRONOUS AUDIO AND VIDEO VISIT

Patient: Anisa M Chaney

DOB: 09/06/1973

Allergies: NKA

Chief Complaints: The patient comes in complaining of has been having pains over the joints and some of them have become swollen and cough, phlegm, sore throat and hoarseness getting worse.

History of the Present Illness: The patient is having difficulties moving the wrists, closing the hands, and walking because of pains of the ankles and knees and hips hurting at different times but getting worse over the past two weeks. The patient has been having a sore throat with cough and phlegm and green mucous with fevers which are not getting better eventhough the patient is drinking a lot of fluids.

Review of Systems: Musculoskeletal: Although the patient is having diffuse joint pains there is no history of proximal muscle weakness or recent injuries or history of lupus or gout. EENT: The patient has a persistent cough with expectoration and sore throat but has no history of exposure to allergens or dust or recent surgery to the throat and no history of cancer of the neck.

The Problems and Medications Lists are hereby reviewed and updated today.

Physical Exam:

VS: BP: --- Wt: --- Ht: --- BMI: ---

These vital signs were obtained, authenticated and documented by: Lourdes Gonzalez, MA.

IMPRESSIONS:

1. Osteoarthritis
2. Pharyngitis

TREATMENT PLAN:

Medications:

1. Voltaren gel 1% 2 gm bid # 100 g

PATIENT EDUCATION:

Discussed the above diagnoses, medications and their indications and need for resolution of the above problems.

Return to the clinic: as needed.

TIME: From: - To: - = 15 minutes.

I hereby certify that CPT code = 99213 claimed for this patient on 06/09/2021 was rendered by me, Valentin Hernandez, MD, who is identified on this claim form as the rendering provider.

Valentin Hernandez, MD

Electronically authenticated and signed by Valentin Hernandez, MD on 06/09/21 at 11:25.

0015

Additional comments:

Patient 2 years ago jumped and landed and injured both knees at work. She is seeing a chiropractor now. Will be having xrays and MRI on Friday.

+++ OBGYN for PAP.

+++ Mammogram Screen.

+++ GI for Colonoscopy.

Date: 06/30/21

Chart # 8593

HISTORY and PHYSICAL

TELEHEALTH VISIT - CONSENT OBTAINED
REAL TIME SYNCHRONOUS AUDIO AND VIDEO VISIT

Patient: Anisa M Chaney

DOB: 09/06/1973

Allergies: NKA

Chief Complaints: The patient comes in complaining of has noted pains in most of the large joints especially over the knees and sore throat with phlegm and cough with a thick phlegm.

History of the Present Illness: The joint pains are getting worse even with the medicines especially in the mornings eventhough the patient has tried applying warm packs and towels to the joints. The patient has been having a sore throat with cough and phlegm and green mucous with fevers which are not getting better eventhough the patient is drinking a lot of fluids.

Review of Systems: Musculoskeletal: Although the patient is having diffuse joint pains there is no history of proximal muscle weakness or recent injuries or history of lupus or gout. EENT: The patient has a persistent cough with expectoration and sore throat but has no history of exposure to allergens or dust or recent surgery to the throat and no history of cancer of the neck.

The Problems and Medications Lists are hereby reviewed and updated today.

Physical Exam:

VS: BP: 110/60 Wt: 142 Ht: 62 BMI: 25.1 OVERWEIGHT

These vital signs were obtained, authenticated and documented by: Lourdes Gonzalez, MA.

IMPRESSIONS:

1. Osteoarthritis
2. Pharyngitis

TREATMENT PLAN:

PATIENT EDUCATION:

Discussed the above diagnoses, medications and their indications and need for resolution of the above problems.

Return to the clinic: as needed.

TIME: From: - To: - = 15 minutes.

I hereby certify that CPT code = 99213 claimed for this patient on 06/30/2021 was rendered by me, Valentin Hernandez, MD, who is identified on this claim form as the rendering provider.

Valentin Hernandez, MD

Electronically authenticated and signed by Valentin Hernandez, MD on 06/30/21 at 12:00.

0017

Additional comments:

Patient is being cared by the Workers Compensation Lawyer and their doctors. I told her she needs to talk to her doctor and her lawyer to explain her needs so they can take care of her. Gave her another telephone of another lawyer in case she wishes. L

+++ OBGYN for PAP.

+++ Mammogram Screen.

+++ GI for Colonoscopy.

CHANEY, ANISA
MRN: 23535476
DOB: 09-06-1973 Sex: F
Phone: (310) 413-5025

Date of Service: 07-30-2021

Ordered By

VALENTIN HERNANDEZ, MD
13440 S HAWTHORNE BLVD
HAWTHORNE CA, 90250

FAX: (310) 219-1482

Addendum 1

ADDENDUM

Tissue Density: The breasts are heterogeneously dense, which may obscure small masses.

Since the patient's mammographic interpretation, prior outside mammograms dated 6/5/2018 were made available for comparison. There are no discrete abnormalities or significant interval changes noted when compared to the patient's previous mammograms.

ASSESSMENT: BI-RADS Category 1: Negative.

RECOMMENDATION: Annual mammography.

A letter regarding the results of this study has been sent to the patient.

Your patient has been entered into our reminder system. We will notify the patient when their next breast imaging exam is due.

End of addendum for accession: 28406587

Dictated: 08-12-2021 1:03:11 PM

Electronically Signed By: Bendavid, Omid, MD 08-12-2021 1:03:11 PM

Original Report

EXAM: TOMOSYNTHESIS DIGITAL SCREENING BILATERAL MAMMOGRAPHY

HISTORY: Annual screening.

Risk Factors: None.

COMPARISON: None available.

TECHNIQUE: Mediolateral oblique and craniocaudal views were obtained using a digital tomosynthesis system (3D imaging) with synthesized 2D mammogram. Computer-Aided Detection (CAD) was utilized.

FINDINGS:

Confidential

Patient: CHANEY, ANISA DOB: 09-06-1973

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Tissue Density: The breasts are heterogeneously dense, which may obscure small masses.

Review of tomosynthesis images reveals no significant findings. There are no suspicious masses, clusters of calcifications or areas of unexplained architectural distortion identified.

IMPRESSION: Please refer to the recommendation below.

ASSESSMENT: BI-RADS Category 1: Negative.

RECOMMENDATION: Annual mammography.

Please obtain prior exams for comparison, as mammography works best by looking for changes. If these become available, an addendum report will be generated.

A letter regarding the results of this study has been sent to the patient.

Your patient has been entered into our reminder system. We will notify the patient when their next breast imaging exam is due.

End of diagnostic report for accession: 28406587

Dictated: 07-30-2021 9:35:50 AM

Electronically Signed By: Bendavid, Omid, MD 07-30-2021 9:35:50 AM

Confidential

COMPLETE PATIENT SUMMARY PRINTED ON 12-09-2021 FOR PATIENT NUMBER 8593

DATE	DESCRIPTION	AMOUNT	
09-09-2020	E-O-MIN	50.00	8593
	SubTotal	50.00	

05-07-2021	HMO F/U VISIT	120.00	8593
05-07-2021	BMI DOCUMENTED	0.00	8593
05-07-2021	BP SYS < 130	0.00	8593
05-07-2021	BP DIAS < 80	0.00	8593
05-07-2021	PROBSMEDS OK	0.00	8593
	SubTotal	120.00	

06-09-2021	HMO F/U VISIT	120.00	8593
06-09-2021	PROBSMEDS OK	0.00	8593
	SubTotal	120.00	

06-30-2021	HMO F/U VISIT	120.00	8593
06-30-2021	BMI DOCUMENTED	0.00	8593
06-30-2021	BP SYS < 130	0.00	8593
06-30-2021	BP DIAS < 80	0.00	8593
06-30-2021	A1C < 7.0	0.00	8593
06-30-2021	PROBSMEDS OK	0.00	8593
	SubTotal	120.00	

page # = 1

0021

CHANEY, ANISA
MRN: 23535476
DOB: 09-06-1973 Sex: F
Phone: (310) 413-5025

Date of Service: 07-30-2021

Ordered By

VALENTIN HERNANDEZ, MD
13440 S HAWTHORNE BLVD
HAWTHORNE CA, 90250

FAX: (310) 219-1482

EXAM: TOMOSYNTHESIS DIGITAL SCREENING BILATERAL MAMMOGRAPHY

HISTORY: Annual screening.

Risk Factors: None.

COMPARISON: None available.

TECHNIQUE: Mediolateral oblique and craniocaudal views were obtained using a digital tomosynthesis system (3D imaging) with synthesized 2D mammogram. Computer-Aided Detection (CAD) was utilized.

FINDINGS:

Tissue Density: The breasts are heterogeneously dense, which may obscure small masses.

Review of tomosynthesis images reveals no significant findings. There are no suspicious masses, clusters of calcifications or areas of unexplained architectural distortion identified.

IMPRESSION: Please refer to the recommendation below.

ASSESSMENT: BI-RADS Category 1: Negative.

RECOMMENDATION: Annual mammography.

Please obtain prior exams for comparison, as mammography works best by looking for changes. If these become available, an addendum report will be generated.

A letter regarding the results of this study has been sent to the patient.

Your patient has been entered into our reminder system. We will notify the patient when their next breast imaging exam is due.

End of diagnostic report for accession: 28406587

Dictated: 07-30-2021 9:35:50 AM

Electronically Signed By: Bendavid, Omid, MD 07-30-2021 9:35:50 AM

Confidential



3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
F:888-814-0207

Final Report MRI OF CERVICAL SPINE

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: PACIFIC MRI

PATIENT NAME: CHANEY ANISA

PATIENT ID: RAM262446

D.O.B: Sep 06, 1973

REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Jun 11, 2021

APPROVED BY: NICHOLAS N DZEBOLO MD

REPORT DATE: Jun 12, 2021 15:15

APPROVAL DATE: Jun 12, 2021 15:15

PROFESSIONAL INTERPRETATION REPORT

TECHNIQUE: Multiplanar, multisequence MRI of the cervical spine without contrast was performed in neutral position.

COMPARISON: None.

CLINICAL HISTORY: WORKERS COMPENSATION, NECK PAIN.

SURGICAL HISTORY: None.

FINDINGS: Images are evaluated in the neutral position.

Spinal cord: Cervical spinal cord appears normal.

Bone alignment: Normal vertebral alignment is seen; No listhesis identified.

Bone and marrow degenerative changes:

Osteophytes: Small degenerative anterior osteophytes at C3 through T1.

Modic changes: None.

Schmorls node: None.

Integrity of the bone, bone marrow and discs:

Bone: Vertebral body heights are maintained.

Bone marrow: No abnormal marrow signal is identified.

Discs: Disc desiccation involving the entire cervical spine.

Posterior fossa structures: Unremarkable.

Findings at specific level:

Cranio-cervical junction and C1- 2: Atlanto-occipital joint appears normal.

C2- C3: There is no significant disc herniation; spinal canal and neural foraminae are patent and the exiting nerve roots are normal.

C3- C4: There is no significant disc herniation; spinal canal and neural foraminae are patent and the exiting nerve roots are normal.



3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
F:888-814-0207

Final Report MRI OF CERVICAL SPINE

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: SOCAL IMAGING

PATIENT NAME: CHANEY ANISA

PATIENT ID: RAM262446

D.O.B: Sep 06, 1973

REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Jun 11, 2021

APPROVED BY: NICHOLAS N DZEBOLO MD

REPORT DATE: Jun 12, 2021 15:15

APPROVAL DATE: Jun 12, 2021 15:15

C4- C5: A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.0 mm.

C5- C6: A disc bulge is identified. A disc osteophyte complex is identified. Disc material abuts the thecal sac. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 1.9 mm.

C6- C7: A disc bulge is identified. A disc osteophyte complex is identified. Disc material abuts the thecal sac. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.5 mm.

C7- T1: There is no significant disc herniation; spinal canal and neural foraminae are patent and the exiting nerve roots are normal.

Impression:

1. Small degenerative anterior osteophytes at C3 through T1.
2. Disc desiccation involving the entire cervical spine.
3. C4-C5. A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.0 mm.
4. C5-C6. A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 1.9 mm.
5. C6-C7. A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.5 mm.



3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
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Final Report MRI OF CERVICAL SPINE

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: SOCAL IMAGING

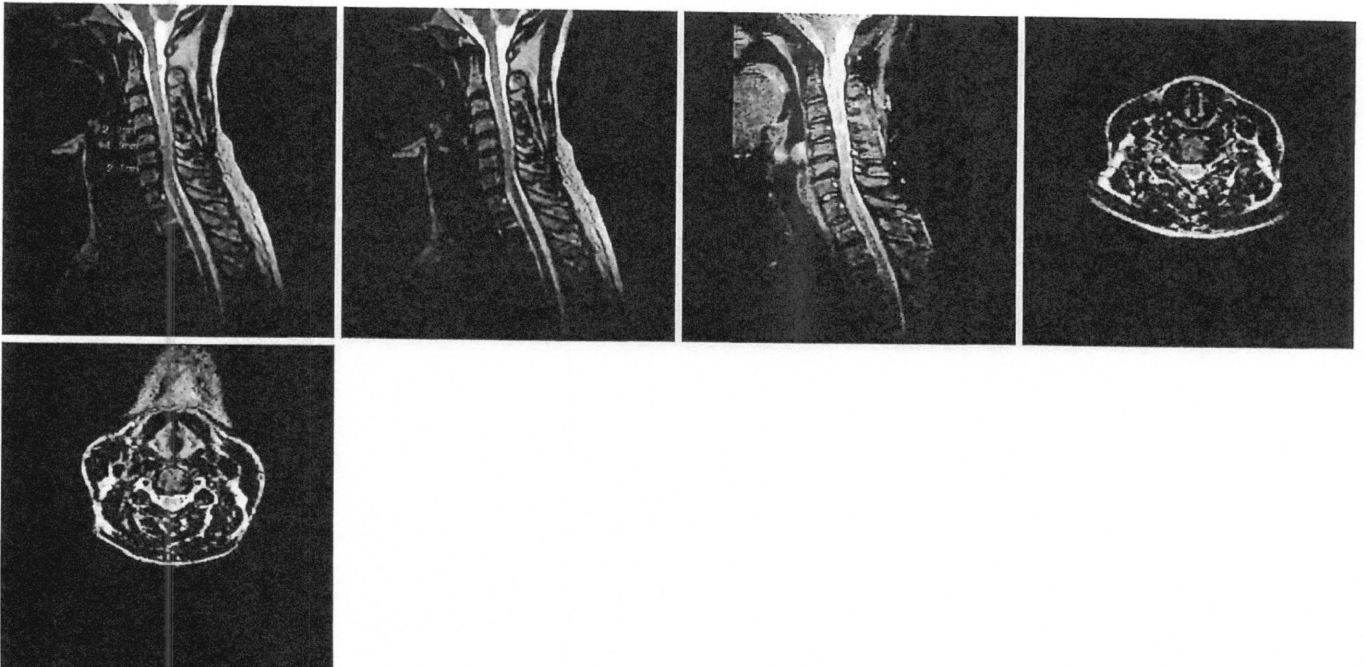
PATIENT NAME: CHANEY ANISA
D.O.B: Sep 06, 1973
STUDY DATE: Jun 11, 2021
REPORT DATE: Jun 12, 2021 15:15

PATIENT ID: RAM262446
REFERRING PHYSICIAN: GOFNUNG ERIC
APPROVED BY: NICHOLAS N DZEBOLO MD
APPROVAL DATE: Jun 12, 2021 15:15

mm.

Thank you for referring this patient.
Approved and electronically signed by me on the approved date below.

NICHOLAS N DZEBOLO MD
Jun 12, 2021 15:15





3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
F:888-814-0207

Final Report MRI OF LUMBAR SPINE

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: PACIFIC MRI

PATIENT NAME: CHANEY ANISA
D.O.B: Sep 06, 1973
STUDY DATE: Jun 11, 2021
REPORT DATE: ,

PATIENT ID: RAM262446
REFERRING PHYSICIAN: GOFNUNG ERIC
APPROVED BY: NICHOLAS N DZEBOLO MD
APPROVAL DATE: ,

PROFESSIONAL INTERPRETATION REPORT

TECHNIQUE: Multiplanar, multisequence MRI of the lumbar spine without contrast was performed in neutral position.

COMPARISON: None.

CLINICAL HISTORY: WORKERS COMPENSATION, LOW BACK PAIN.

SURGICAL HISTORY: None.

FINDINGS: Images are evaluated in the neutral position.

Distal cord and conus medullaris: Spinal cord and conus medullaris are unremarkable.

Cauda equina and intrathecal contents: Cauda equina appears normal.

Spinal Canal: Spinal canal is unremarkable.

Anatomy: Unremarkable.

Alignment: Normal vertebral alignment is seen; no listhesis is identified.

Degenerative changes: No significant degenerative changes are identified.

Integrity of the bone, bone marrow and discs:

Bone: Vertebral body heights are maintained.

Bone marrow: No abnormal marrow signal is identified.

Discs: Mild disc desiccation at L4-L5.

Findings at specific level:

T12- L1: Nerve roots are normal.

L1- L2: Nerve roots are normal.

L2- L3: Nerve roots are normal.

L3- L4: Nerve roots are normal.

L4- L5: A disc bulge is identified. Disc material abuts the thecal sac. Transiting and exiting nerve roots are normal. Disc deformity measures 1.6 mm.



3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
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Final Report MRI OF LUMBAR SPINE

PROFESSIONAL INTERPRETATION BY:MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY:SOCAL IMAGING

PATIENT NAME: CHANEY ANISA

PATIENT ID: RAM262446

D.O.B: Sep 06, 1973

REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Jun 11, 2021

APPROVED BY: NICHOLAS N DZEBOLO MD

REPORT DATE: ,

APPROVAL DATE: ,

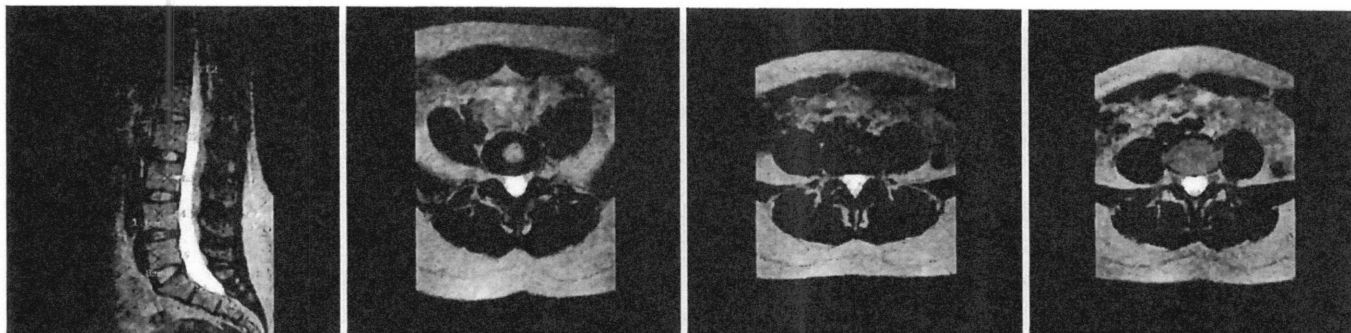
L5- S1: A disc bulge is identified. Disc material abuts the thecal sac. Transiting and exiting nerve roots are normal. Disc deformity measures 1.8 mm.

Impression:

1. Mild disc desiccation at L4-L5.
2. Discal deformity L4-L5. A disc bulge is identified. Transiting and exiting nerve roots are normal. Disc deformity measures 1.6 mm.
3. Discal deformity L5-S1. A disc bulge is identified. Transiting and exiting nerve roots are normal. Disc deformity measures 1.8 mm.

**Thank you for referring this patient.
Approved and electronically signed by me on the approved date below.**

NICHOLAS N DZEBOLO MD





3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
F:888-814-0207

Final Report MRI OF LUMBAR SPINE

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: SOCAL IMAGING

PATIENT NAME: CHANEY ANISA

PATIENT ID: RAM262446

D.O.B: Sep 06, 1973

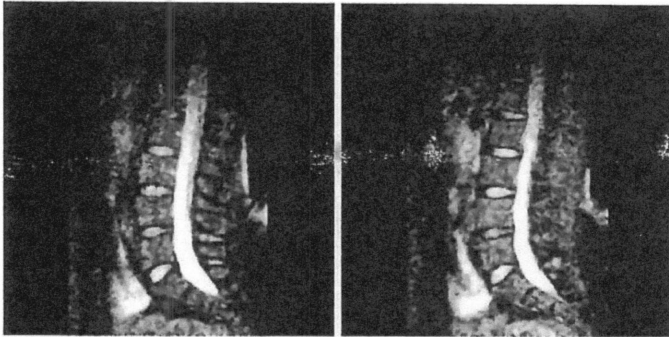
REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Jun 11, 2021

APPROVED BY: NICHOLAS N DZEBOLO MD

REPORT DATE: ,

APPROVAL DATE: ,





3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
F:888-814-0207

Final Report MRI OF RIGHT KNEE WITHOUT CONTRAST

PROFESSIONAL INTERPRETATION BY:MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY:PACIFIC MRI

PATIENT NAME: CHANEY ANISA

PATIENT ID: RAM262446

D.O.B: Sep 06, 1973

REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Jun 11, 2021

APPROVED BY: DR AMJAD SAFVI

REPORT DATE: ,

APPROVAL DATE: ,

PROFESSIONAL INTERPRETATION REPORT

MRI OF RIGHT KNEE WITHOUT CONTRAST

PROFESSIONAL INTERPRETATION REPORT

CLINICAL INFORMATION: Workers compensation, pain.

COMPARISON: None.

TECHNIQUE: Multi-planar, multi-echo spin echoT1-weighted coronal, proton density sagittal, gradient echo T2-weighted sagittal and axial and inversion recovery sagittal sequences were acquired through the right knee joint.

FINDINGS

Fluid:

Moderate joint effusion noted.

Medial compartment:

Medial meniscus: There is intrameniscal hyperintensity within the posterior horn of medial meniscus, not extending to superior and inferior articular margins suggestive of Grade II meniscal signal changes.

Medial collateral ligament: Intact

Medial femoral condyle and medial tibial plateau cartilages appear unremarkable.

Lateral compartment:

Lateral meniscus: Intact

Lateral collateral ligament complex: There is mild laxity of lateral collateral ligament with

PHID 8593

0029



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LOS ANGELES, CA 90008
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F:888-814-0207

Final Report MRI OF RIGHT KNEE WITHOUT CONTRAST

PROFESSIONAL INTERPRETATION BY:MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY:SOCAL IMAGING

PATIENT NAME: CHANEY ANISA
D.O.B: Sep 06, 1973
STUDY DATE: Jun 11, 2021
REPORT DATE: ,

PATIENT ID: RAM262446
REFERRING PHYSICIAN: GOFNUNG ERIC
APPROVED BY: DR AMJAD SAFVI
APPROVAL DATE: ,

intrasubstance hyperintensity suggestive of partial tear/contusion.
Lateral femoral condyle and lateral tibial condyle cartilages appear unremarkable.

Posterolateral corner:
Popliteus tendon, Popliteofibular ligament, Proximal tibiofibular joint appear unremarkable.

Anterior compartment:
Alignment: appear unremarkable.
Patellar tendon, patellar cartilage and retinacula appear unremarkable.
Trochlea: appear unremarkable.

Intercondylar compartment:
Anterior cruciate ligament: There is intrasubstance hyperintensity in anterior cruciate ligament suggestive of myxoid degeneration.
Posterior cruciate ligament: There is buckling of posterior cruciate ligament, however normal in signal intensity.

Bones

Degenerative narrowing with thinning of articular cartilages is seen at patello-femoral and tibio-femoral joints.

All the bones in view appear unremarkable.

Muscles, vessels and nerves: appear unremarkable.

IMPRESSION:

1.Moderate joint effusion.



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LOS ANGELES, CA 90008
T:888-814-0206
F:888-814-0207

Final Report MRI OF RIGHT KNEE WITHOUT CONTRAST

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: SOCAL IMAGING

PATIENT NAME: CHANEY ANISA

PATIENT ID: RAM262446

D.O.B: Sep 06, 1973

REFERRING PHYSICIAN: GOFNUNG ERIC

STUDY DATE: Jun 11, 2021

APPROVED BY: DR AMJAD SAFVI

REPORT DATE: ,

APPROVAL DATE: ,

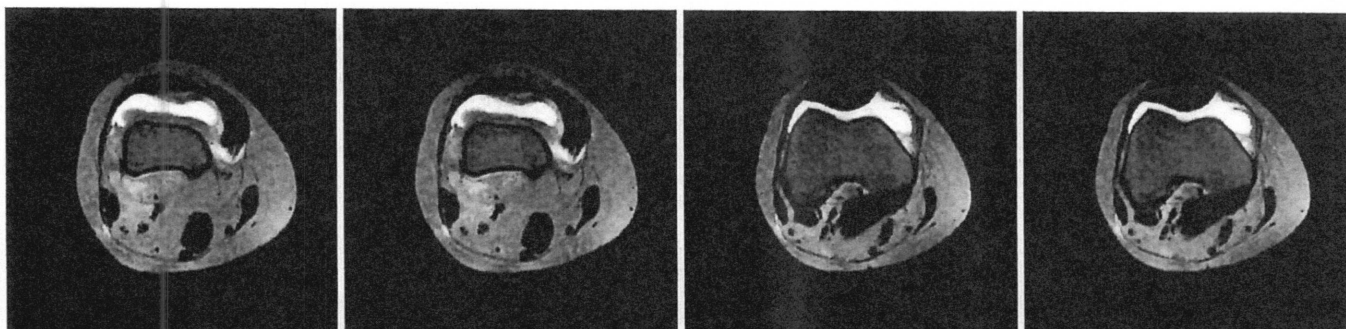
-
2. Intra-meniscal hyperintensity within the posterior horn of medial meniscus, not extending to superior and inferior articular margins suggestive of Grade II meniscal signal changes.
 3. Mild laxity of lateral collateral ligament with intrasubstance hyperintensity suggestive of partial tear/contusion.
 4. Intrasubstance hyperintensity in anterior cruciate ligament suggestive of myxoid degeneration.
 5. Degenerative narrowing with thinning of articular cartilages at patello-femoral and tibio-femoral joints.

Thank you for this referral.

**Thank you for referring this patient.
Approved and electronically signed by me on the approved date below.**

Amjad Safvi MD

DR AMJAD SAFVI





3760 SANTA ROSALIA DR
LOS ANGELES, CA 90008
T:888-814-0206
F:888-814-0207

Final Report MRI OF RIGHT KNEE WITHOUT CONTRAST

PROFESSIONAL INTERPRETATION BY: MARS HEALTHCARE, INC.
TECHNICAL SERVICES PROVIDED BY: SOCAL IMAGING

PATIENT NAME: CHANEY ANISA

D.O.B: Sep 06, 1973

STUDY DATE: Jun 11, 2021

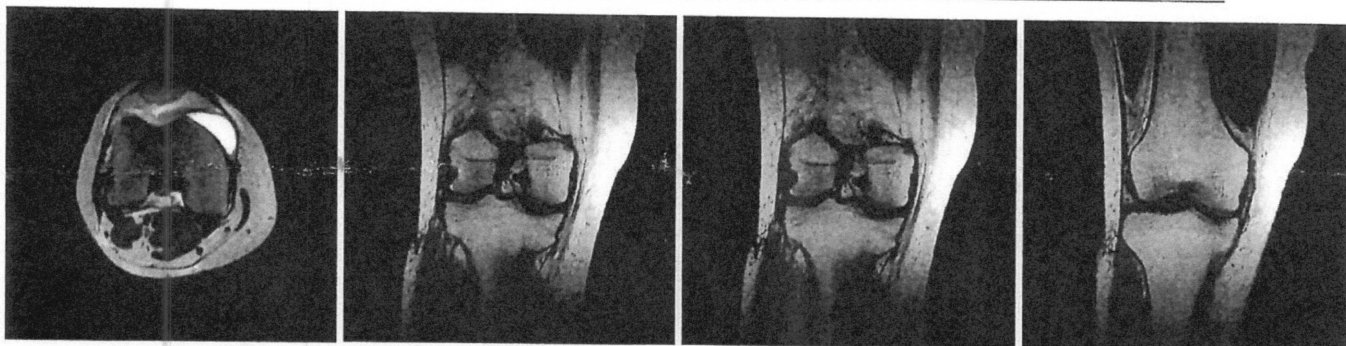
REPORT DATE: ,

PATIENT ID: RAM262446

REFERRING PHYSICIAN: GOFNUNG ERIC

APPROVED BY: DR AMJAD SAFVI

APPROVAL DATE: ,



macro pro

646806-23
(Paper-A-32) (1)

CLAIM #/FILE #: 2080381794

DELIVER TO:
NATALIA FOLEY, ESQ.
WORKERS' DEFENDERS LAW GROUP
751 S. WEIR CANYON ROAD # 157-455
ANAHEIM, CA 92808

INVOICE #:	3559893	ONLINE ORDER #:	348097
RECORDS OF:	ANISA CHANEY		
CASE NAME:	ANISA CHANEY vs. BOLD QUAIL HOLDINGS, LLC		
CASE #:	ADJ13521045; ADJ13521436	INJURY DATE:	1/6/20-6/30/20; ET AL.
RECORD LOCATION:	VALENTIN HERNANDEZ, M.D. 13440 S. HAWTHORNE BLVD HAWTHORNE, CA 90250		
REQUESTED:	MEDICAL, BILLING, OTHER (SEE SUBPOENA), LIMITED RECS (SEE SUBPOENA)		
ORDERED BY:	AMANDA A. MANUKIAN, ESQ. FLOYD SKEREN PASADENA WESTLAKE VILLAGE		

www.macropro.com



Macro-Pro, Inc. ♦ P.O. Box 93010 ♦ Long Beach, CA 90809 ♦ Nationwide (888)554-0900 ♦ FAX (888)696-2270

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

Job # 646806-23

WORKERS' COMPENSATION APPEALS BOARD

ANISA CHANEY

Case No. ADJ13521045; ADJ13521436

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

DOB: 09/06/1973

SSN: XXX-XX-6450

Claimant / Applicant

vs.

BOLD QUAIL HOLDINGS, LLC

Employer / Insurance Carrier / Defendant

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the
above Case Number or attaching a copy of subpoena.)

Where no application has been filed for injuries on or after January 1, 1990,
and before January 1, 1994, subpoena will be valid without a case number,
but subpoena must be served on claimant and employer and/or insurance
carrier.

See instructions below. *

**The People of the State of California Send Greetings to: CUSTODIAN OF RECORDS for
VALENTIN HERNANDEZ, M.D., 13440 S. HAWTHORNE BLVD, HAWTHORNE, CA 90250**

WE COMMAND YOU to allow photocopying of business records or appear before MACRO-PRO, INCORPORATED at P.O. Box 93010
Long Beach, California 90809-3010 on December 20, 2021 at 10:00am, to testify in the above-entitled matter and to bring with you
and produce the following described documents, papers, books and records.

(See Attachment 3 for additional information & records to be provided)

(Do not produce X-Rays unless specifically mentioned above.)


For failure to attend and to produce said documents you may be deemed guilty of contempt and liable to pay to the
parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy
which is served herewith.

Date: 11/16/2021

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

By


Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990
AND BEFORE JANUARY 1, 1994:**

If no Application for Adjudication of Claim has been filed, a declaration under
penalty of perjury that the Employee's Claim for Workers' Compensation Benefits
(Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be
executed properly.

SEE REVERSE SIDE
(SUBPOENA INVALID WITHOUT DECLARATION)

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person
and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied
by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2 et. seq.



DECLARATION FOR SUBPOENA DUCES TECUM

Job # 646806-23

STATE OF CALIFORNIA, County of LOS ANGELES

Case No. ADJ13521045; ADJ13521436

The undersigned states:

That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the subpoena. That the Custodian of Records for: VALENTIN HERNANDEZ, M.D. has in his/her possession or under his/her control the documents described on the subpoena or Attachment 3. That said documents are material to the issues involved in the case for the following reasons: The materials sought are relevant to the case and may lead to discoverable evidence that is not available from any other known source.

Declaration for Injuries On or After January 1, 1990 and Before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto.

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

Executed on November 16, 2021, at Long Beach, California.

	FLOYD SKEREN MANUKIAN LANGEVIN, LLP 3835R EAST THOUSAND OAKS BLVD., PMB 630 WESTLAKE VILLAGE, CA 91362-6622	(626)316-5720
/s/AMANDA A. MANUKIAN, ESQ.	_____	_____
Signature	Address	Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of LOS ANGELES

I, the undersigned, state that: I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name:

Name of person served	Date	Place
		13440 S. HAWTHORNE BLVD HAWTHORNE, CA 90250

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

Executed on _____, 20____, at _____

Signature

PROOF OF SERVICE

ANISA CHANEY vs. BOLD QUAIL HOLDINGS, LLC

Case No: ADJ13521045; ADJ13521436

I am over the age of eighteen years and not a party to the within action; my business address is P.O. Box 93010, Long Beach, CA 90809; I am employed in Los Angeles County, California.

The Subpoena Duces Tecum (to include Notice and Declarations as required by law) was served on the person/persons listed below, addressed as follows:

VALENTIN HERNANDEZ, M.D.
 13440 S. HAWTHORNE BLVD
 HAWTHORNE, CA 90250
 Attention: MEDICAL RECORDS DEPT

<input checked="" type="checkbox"/>	BY MAIL: I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses as listed above. The documents would be placed in an envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid. I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at Long Beach, California.*
<input type="checkbox"/>	BY OVERNIGHT DELIVERY: I enclosed the documents in an envelope or package provided by an overnight delivery carrier and addressed to the persons at the addresses listed above. I placed the envelope or package for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
<input type="checkbox"/>	BY FAX: Based on an agreement of the parties to accept service by fax transmission, I faxed the documents to the persons at the fax number: . No error was reported by the fax machine that I used. A copy of the record of the fax transmission, which I printed out, is attached. The fax number from which I served the documents is: (888)696-2270.
<input type="checkbox"/>	BY ELECTRONIC TRANSMISSION: I caused the above-referenced documents to be transmitted via email from: susana@macropro.com to .

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 29, 2021, in Long Beach, California.

SUSANA ARELLANO

 (TYPE OR PRINT NAME OF DECLARANT)

Susana Arellano

 (SIGNATURE OF DECLARANT)

* These documents were served on the consumer and/or their counsel a minimum of five (5) days prior to this mailing. Mailing documents adds (5) days (CCP §1013) to the service of a document. Therefore, the documents are being served to the facility in compliance with the legal time period (CCP §2020.410(c)).

APPLICANT: ANISA CHANEY
DEFENDANT: BOLD QUAIL HOLDINGS, LLC

CASE NUMBER:
ADJ13521045; ADJ13521436

ATTACHMENT 3

ALL DOCUMENTS IN YOUR POSSESSION OR CONTROL PERTAINING TO ANISA CHANEY (SSN: XXX-XX-6450; DOB: 09/06/1973), WHICH INCLUDES, BUT IS NOT LIMITED TO ALL X-RAYS, FILMS, DIAGNOSTIC REPORTS, TESTING AND RESULTS, RADIOLOGICAL READINGS, MEDICAL REPORTS, MEDICAL RECORDS, REPORTS OF OTHER PHYSICIANS, MEDICAL REFERRALS, PHYSICIAN LETTERS AND RECOMMENDATIONS, RFAS, CHARTS, NOTES, INTAKE FORMS, MEDICAL QUESTIONNAIRES, UTILIZATION REVIEW DETERMINATIONS, IMR DETERMINATIONS, BILLING AND LIENS FROM DECEMBER 01, 2020 TO THE PRESENT.

THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA) PROHIBITS EMPLOYERS AND OTHER ENTITIES COVERED BY GINA TITLE II FROM REQUESTING OR REQUIRING GENETIC INFORMATION OF AN INDIVIDUAL OR FAMILY MEMBER OF THE INDIVIDUAL, EXCEPT AS SPECIFICALLY ALLOWED BY THIS LAW. TO COMPLY WITH THIS LAW, WE ARE ASKING THAT YOU NOT PROVIDE ANY GENETIC INFORMATION WHEN RESPONDING TO THIS REQUEST FOR MEDICAL INFORMATION. "GENETIC INFORMATION" AS DEFINED BY GINA, INCLUDES AN INDIVIDUAL'S FAMILY MEDICAL HISTORY, THE RESULTS OF AN INDIVIDUAL'S OR FAMILY MEMBER'S GENETIC TESTS, THE FACT THAT AN INDIVIDUAL OR AN INDIVIDUAL'S FAMILY MEMBER SOUGHT OR RECEIVED GENETIC SERVICES, AND GENETIC INFORMATION OF A FETUS CARRIED BY AN INDIVIDUAL OR AN INDIVIDUAL'S FAMILY MEMBER OR AN EMBRYO LAWFULLY HELD BY AN INDIVIDUAL OR FAMILY MEMBER RECEIVING ASSISTIVE REPRODUCTIVE SERVICES.

ATTORNEY OR PARTY WITHOUT ATTORNEY AMANDA A. MANUKIAN, ESQ. SB# 219821 FLOYD SKEREN MANUKIAN LANGEVIN, LLP 3835R EAST THOUSAND OAKS BLVD. PMB 630 WESTLAKE VILLAGE, CA 91362-6622 TELEPHONE NO: (626)316-5720 FAX NO (optional): (626)395-7808 E-MAIL ADDRESS (optional): ATTORNEY FOR (optional):	
NAME OF COURT: Workers Compensation Appeals Board STREET ADDRESS: 1065 N. LINK MAILING ADDRESS: CITY AND ZIP CODE: ANAHEIM, CA 92806 BRANCH NAME:	
APPLICANT: ANISA CHANEY DEFENDANT: BOLD QUAIL HOLDINGS, LLC	CASE NUMBER: ADJ13521045; ADJ13521436
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

TO: ANISA CHANEY

1. PLEASE TAKE NOTICE THAT REQUESTING PARTY: **FLOYD SKEREN MANUKIAN LANGEVIN, LLP**
 SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on: 12/20/2021
 The records are described in the subpoena directed to witness: **THE CUSTODIAN OF RECORDS FOR:
 VALENTIN HERNANDEZ, M.D., 13440 S. HAWTHORNE BLVD, HAWTHORNE, CA 90250, PH: (310)219-0941**

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED.
 IN ITEM a. OR b. BELOW:

- a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
- b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the next page indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**

3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 11/16/2021

AMANDA A. MANUKIAN, ESQ.

/s/AMANDA A. MANUKIAN, ESQ.

 (TYPE OR PRINT NAME)

 (SIGNATURE OF REQUESTING PARTY ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

- 1. I object to the production of all my records specified in the subpoena.
- 2. I object only to the production of the following specified records:
- 3. The specific grounds for my objection are as follows:

Date:

 (TYPE OR PRINT NAME OF PERSON)

 (SIGNATURE)

APPLICANT: ANISA CHANEY
 DEFENDANT: BOLD QUAIL HOLDINGS, LLC

CASE NUMBER:
 ADJ13521045; ADJ13521436

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
 (Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the **Notice to Consumer or Employee and Objection** as follows:
- a. **Personal Service.** I personally delivered the **Notice to Consumer or Employee and Objection** as follows:
- (1) Name of person served: (3) Date served:
 (2) Address where served: (4) Time served:
- b. **Mail.** I deposited the **Notice to Consumer or Employee and Objection** in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
- (1) Name of person served: NATALIA FOLEY, ESQ. (3) Date: 11/16/2021
 (2) Address: 751 S. WEIR CANYON ROAD # 157-455 ANAHEIM, CA 92808 (4) Place: Long Beach, CA
 (5) I am a resident of or employed in the county where the **Notice to Consumer or Employee and Objection** was mailed/deposited for delivery.
- c. My residence or business address is: P.O. Box 93010 Long Beach, CA 90809-3010
 d. My phone number is: (562)595-0900

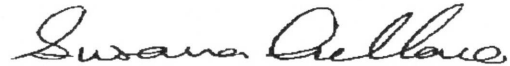
Macro-Pro, Los Angeles County Registration #X-0086 and #2311

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

Date: 11/16/2021

SUSANA ARELLANO

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
 (Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the **Objection to Production of Business Records** as follows (complete either a or b):
- a. ON THE REQUESTING PARTY
- (1) **Personal Service.** I personally delivered the **Objection to Production of Records** as follows:
- (i) Name of person served: (iii) Date served:
 (ii) Address where served: (iv) Time served:
- (2) **Mail.** I deposited the **Objection to Production of Records** in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
- (i) Name of person served: (iii) Date of mailing:
 (ii) Address: (iv) Place of mailing (city and state):
 (v) I am a resident of or employed in the county where the **Objection to Production of Records** was mailed.
- b. ON THE WITNESS
- (1) **Personal Service.** I personally delivered the **Objection to Production of Records** as follows:
- (i) Name of person served: (iii) Date served:
 (ii) Address where served: (iv) Time served:
- (2) **Mail.** I deposited the **Objection to Production of Records** in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
- (i) Name of person served: (iii) Date of mailing:
 (ii) Address: (iv) Place of mailing (city and state):
 (v) I am a resident of or employed in the county where the **Objection to Production of Records** was mailed.
3. My residence or business address is (specify):
 4. My phone number is (specify):

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

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE

JOB #: 646806-23

ANISA CHANEY vs. BOLD QUAIL HOLDINGS, LLC

Case No: ADJ13521045; ADJ13521436

Page 1 of 1

I am over the age of eighteen years and not a party to the within action; my business address is P.O. Box 93010, Long Beach, CA 90809; I am employed in Los Angeles County, California.

The Subpoena Duces Tecum (to include Notice and Declarations as required by law) was served on the person/persons listed below, addressed as follows:

By Mail on 11/16/2021, I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses listed below. The documents would be placed in an envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United State Postal Service, in a sealed envelope with postage fully prepaid. I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at Long Beach, California.

NATALIA FOLEY, ESQ.
WORKERS' DEFENDERS LAW GROUP
751 S. WEIR CANYON ROAD # 157-455
ANAHEIM, CA 92808

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 16, 2021, in Long Beach, California.

SUSANA ARELLANO
(TYPE OR PRINT NAME OF DECLARANT)


(SIGNATURE OF DECLARANT)

QUALITY CONTROL

Date: 12/21/21

RE: ANISA CHANEY

DOB: 09/06/1973

SSN: XXX-XX-6450

File #:

Job #: 646806-23

Claim #: 2080381794

Records have been verified as pertaining to those requested on the basis of:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Name | <input type="checkbox"/> AKA |
| <input checked="" type="checkbox"/> Date of Birth | <input type="checkbox"/> Social Security # |
| <input type="checkbox"/> File or Claim # | <input type="checkbox"/> No Verifiable Data |
| <input type="checkbox"/> Other _____ | |

As you requested, these records consist of:

- Any and All Records Available
- Only those Records consistent with Specified Omissions:

Limit 12/01/2000 - Present

Quality Certified By:

Field Representative

1/1
Date

[Signature]
Billing Department

12/21/21
Date

Tabbing Department

1/1
Date

Production Department

1/1
Date

If you receive any page that you cannot read or have any questions regarding these records or your order, please call Macro-Pro Client Services or any Macro-Pro Manager at (888) 554-0900